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Nursing Care of Head Injuries

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This article deals with a subject with which nurses are all more or less familiar—the nursing care of head injuries. It is not intended, however, to cover the routine method of nursing these patients, but rather to discuss certain features which are not so generally known; and some which are frequently overlooked.

What should you do if you are present on the street or highway at the scene of accident wherein someone suffers a serious head injury? What frequently happens? Read the morning paper: "Serious Highway Crash! Race with Death! Victim conveyed at record speed to Hospital by private car." In spite of these heroics, one reads further that "he died a few minutes after admission to the Emergency Ward." Picture the scene—the unconscious victim picked up by excited bystanders and dumped like a sack of potatoes into the back seat of a car, and then provided with a bumpy ride to hospital. You should be able to recognize whether the patient is in shock, by his appearance and pulse, and if so have him covered up with coats. When severe shock is obviously present, insist on waiting for an ambulance, if such is available. If you are many miles from a hospital, it is better for the patient to put him to bed in the nearest farmhouse than to provide the long, dangerous ride to the city.

The first, and often the most important item in the care of these patients is treatment of shock. This should be started at the scene of accident, continued during the ambulance ride, and then carried out intensively on admission to hospital. You are familiar with the routine treatment by heat, stimulants, and intravenous fluid, but one further point should be emphasized—minimal handling of the patient. No X-Ray picture should be taken—except under very special circumstances—until the patient has recovered from shock. To move the patient at this stage, as has to be done to take X-Ray plates, would endanger his life. It is better to have a live patient

and be uncertain as to whether he has or has not a cracked skull than to have a dead patient and beautiful X-Ray plates.

When the patient has a temperature of over a hundred degrees on admission, or if he is deeply unconscious, whether his temperature be high or low, the temperature should be noted per rectum every hour. In some of these cases a very dangerous increase in temperature may develop suddenly, and can only be controlled by early recognition and energetic sponging.

If the patient has regained full or partial consciousness after admission, and then falls into a natural sleep, do not wake him up for any special observations as long as his breathing is regular and quiet. If his breathing becomes noisy and irregular, wake him up gently to see if he is still conscious.

Your patient may remain unconscious for many hours, and sometimes for days. Remember that he must be nourished and given sufficient fluid. That often means repeated nasal feedings and intravenous of interstitial fluid. In these same patients, it is important to guard against pneumonia by turning at intervals, if change of movement does not embarrass respiration, and by giving oxygen if necessary. Do not forget the bladder. If an unconscious patient becomes restless it may be because the bladder is overdistended and requires use of the catheter.

After the shock has been adequately treated, attention is focussed on the condition of the brain. We now have time to examine the patient more thoroughly and assess the damage. Subsequent treatment is guided by three general principles. These are: (1) rest; (2) adequate circulation of blood through the brain; (3) graduated convalescence.

Resting an injured brain is not as easy as resting a broken arm. It means that the patient must be kept in a darkened, quiet room, supervised by a soft-spoken, understanding, strong-willed nurse who will encourage him to sleep and more sleep, attend to his wants with a minimum of fussing, and protect him from visitors, insurance adjusters, and even disturbing thoughts. During the stage of irritability, drugs such as codeine or luminal may be necessary for rest, but these are not so important as the personality of the attending nurse.

Adequate circulation for the injured brain means that the blood-vessels must be free to supply extra blood to the injured area to promote healing. The skull is like a closed box which will not expand. Within this closed box there are three substances: (1) brain tissue; (2) blood, within blood vessels; (3) spinal fluid, over the surface of the brain, and in the ventricles. If the brain tissue becomes swollen, as it does when injured, these other two substances are forced out of the skull to make room for the swollen brain. This is a serious matter. An injured brain which needs extra blood to promote healing is actually being supplied with less blood than normally.

A better circulation of blood within the skull may be promoted by natural means, and by artificial means. The natural method of aiding circulation within the head is to do all in your power to promote easy, quiet, unobstructed breathing. You know that if you squeeze your neck or partially choke yourself that your face becomes flushed and your head feels full. Obstructed breathing always means a congested brain. Some of these unconscious patients breathe better lying on their backs, but most of them breathe easiest when kept on their sides. Some patients whose cheeks tend to fall down and obstruct breathing, are better with a short piece of large bore rubber tubing in the side of their mouth. You must find out quickly what is best for each patient by trial and error—and what is

best one hour may have changed the next hour.

The artificial methods of aiding circulation consist in an attempt to reduce the swelling of the brain by dehydration, or the mount of spinal fluid by lumber puncture. The methods of dehydration are: (1) restricted fluid intake; (2) large doses of Mag. Sulph. by mouth; (3) retention enemas of 50% Mag. Sulph., (4 oz. in an adult) repeated two or three times per day if necessary; (4) hypertonic fluid intravenously. Concentrated solutions of sucrose have certain advantages over glucose and will undoubtedly be used more in the future for these intravenous treatments.

The main point about convalescence after head injury is that the convalescence should be graduated. Let us describe the ideal course of events. After a head injury a patient is lucky who is able to have a single room. The patient who has just recovered consciousness is, of course, in bed. He is not permitted more than one visitor, who may remain with him for short periods only. He is read to, rather than allowed to read. The room is darkened for the greater part of the day. Some patients are so bored with such a regime that they become restless and allowance has to made for that. Occasionally in such cases the continued presence of a quiet-minded and influential relative or friend in the room may be of help.

When under such conditions the patient has progressed to the state of being free from symptoms for forty-eight hours, or if after complete recovery of consciousness he has at the end of three days admitted no complaints, a plan of graduated activity is commenced in this manner: He may have some mental exercise for an hour in the morning, such as listening to the radio, working out a cross-word or jig-saw puzzle, or playing a game or cards. In the afternoon he sits up for an hour. If under these conditions there is recurrence or development of symptoms, the strict rest is reimposed. If, on the other hand, the first step towards greater activity is successful—then at the end of forty-eight hours he may take the next. He may be allowed up to the bath and lavatory, may read at will, and may have a few visitors, though not more than one at a time. If he again remains symptom-free at the end of another forty-eight hours he may dress and sit up in his room, and may have more than one visitor at a time. If he remains well after another forty-eight hours he may sit up for his meals,and go out for a short daily walk or drive. If after another forty-eight hours he remains well, walking exercise is increased, and he is allowed a normal life at home. If after a further forty-eight hours he remains symptom free, he should commence a fourteen day holiday. Recurrence or development of symtoms at any stage should be the signal for a backward step to the point at which he was symptom-free.

When the patient is treated in a hospital ward, neither the initial quiet nor the smooth progress towards greater activity is so easily obtained. The same graduated stages should be observed. In the earlier stages the patient should be screened, and should be in the quietest part of the ward. It is better that he should have his visitors at some time removed from the bustle and noise of visiting day. On first getting up he should sit apart from the other patients in a quiet corner of the ward or balcony.

Under the most favourable circumstances, the patient should return to work in three or four weeks from the time he recovers consciousness. On the other hand, the graduated progress may have to be spread over a period of several weeks or months.

Be very careful of what you say to

these patients when they are recovering. Head-injury patients are the most susceptible to suggestion of any patients in medicine. They are all potential neurotics. If the nurse, or doctor, or friend, or lawyer suggest to the unfortunate patient that perhaps his brain has been injured that patient will almost certainly develop symptoms of some sort—usually headache. Be on your guard against any suggestion that he may not recover completely.

During the remainder of this discussion a few of the special problems related to head injury will be briefly surveyed:

Head injury at birth: Here is one type at least that is not caused by the motor car. It is remarkable what a degree of distortion the human infant's brain will undergo during birth with no apparent harm. But occasionally harm results, usually bleeding over the surface of the brain. The signs of this catastrophe are difficulty in starting the baby breathing and convulsions during the first few days. Lumbar puncture will show spinal fluid which is stained bright red with blood. The only treatment in the serious cases is repeated lumbar puncture. Nature usually effects a cure.

Middle Meningeal Haemorrhage: You will recall that the outer of the three membranes covering the brain is the dura—a tough membrane about the thickness of wrapping-paper which lies immediately beneath the skull. On the surface of the dura are various torturous arteries, and the largest and most important of these is the middle meningeal. It enters the skull through a small hole in the base and courses up over the surface of the dura in the temple region. Now if the skull is fractured in this region the middle meningeal artery may be torn. What happens to the patient? Nearly always there is a history that the patient when first seen was conscious, but has later become unconscious. Here is where your early observation on the state of consciousness may be of great importance. Immediate operation to remove the clot and tie the bleeding vessel is all that will save the patient's life.

Subdural haematoma: This is a clot that forms beneath the dura and over the surface of the brain. It is slow in forming. Bleeding may go on for long after the accident. A typical history is this. An adult receives a slight injury to his head but is not rendered unconscious. He picks himelf up and carries on. Thereafter he complains of headache. A few weeks or a few months later he starts to show signs of increased pressure within his head, and may develop weakness of one side. At operation we find a tremendous clot which has liquefied in its center, this whole mass almost covering one hemisphere.

Post-traumatic syndrome: After a certain number of severe head injuries the patient, after he is up and around, complains of recurrent headache and dizziness. Some of them have an axe to grind—they want to collect large damages or compensation. To help us distinguish between the case who really has severe pains and those who exaggerate slight pains, or have hardly any, we sometimes do an encephalogram. This will show any gross scarring of the brain—or whether there has been considerable atrophy—and help us to arrive at a conclusion. And some of these headaches, particularly if they are localized to one spot, are greatly relieved by the air injection.

"Punch drunk": This is a rare but interesting sequel of repeated cerebral concussions received in the prize-ring. The patient, usually a second-rate professional boxer who has always "taken a lot of punishment" in his fights, complains of dizziness and staggering gait, and may show evidences of mental deterioration.

Such a patient, examined several weeks ago, illustrates the difficulty of obtaining a clear history. It was important to know whether he had been "knocked-out" often, but one hesitated to hurt his feelings. The following conversation took place: "Were you a canny, defensive type of boxer or were you the wide-open, slugging type?"

"Oh, I was always very foxy."

"Let us come to the point. Were you knocked out very often?"

"Well, yes and no, doctor. I was carried out plenty of times, but you see if my opponent was in better training than myself, I often had to fall down and play possum."

An address given by Dr Frank Turnbull before the Vancouver Graduate Nurses Association, March 10th, 1937.

A FORWARD STEP

Brief mention has already been made in the *Journal* of the appointment of Miss Kathleen Ellis as Registrar and School of Nursing Adviser for the Province of Saskatchewan. Further details concerning her professional career will doubtless be of interest to our readers.

Miss Ellis is a graduate of the School of Nursing of Johns Hopkins Hospital, and holds the B.S. degree conferred by Teachers College, Columbia University. She also has the Certificate in Public Health Nursing given jointly by Bedford College and the College of Nursing in London. During the war Miss Ellis served as Matron of the Vancouver Island Military Hospital. Other positions held by her successively were that of superintendent of nurses and director of nursing service in the Vancouver General Hospital and, later, in a similar capacity in the Winnipeg General Hospital.

Miss Ellis has always taken a keen interest in organizations of nurses. She has served as president of the Registered Nurses Association of British Columbia, as president of the Vancouver Graduate Nurses Association and as vice-president of the Canadian Nurses Association. She has many interests outside the professional field and has been a member of the Quota Club and the Professional and Business Women's Club.

Miss Ellis is now engaged in a preliminary study of her new responsibilities and will certainly make a valuable contribution to the cause of nursing service and education in Canada. In making her appointment possible, the Saskatchewan Registered Nurses Association has taken a long step forward.

KATHLEEN W. ELLIS

The Ontario Annual Meeting

MATILDA E. FITZGERALD,
Secretary-Treasurer, Registered Nurses Association of Ontario

The twelfth annual meeting of the Registered Nurses Association of Ontario was held in London, March 31, April 1 and 2, with a registration of 426. The meeting was opened with the Lord's Prayer. The president, Miss Ethel Cryderman, presided and His Worship Mayor Kingsmill welcomed the delegates.

On Thursday morning the Report of the National Committee on Dominion Registration for Nurses was the outstanding feature. Miss Mary Millman presented her report as representative to the National Committee and also as chairman of the provincial committee studying this question. Miss Edith M. Dickson, convener of the National Committee presented a résumé of the plan as outlined in the Report of the Committee. Many questions, forwarded from the district committees or from individual members, were presented and answered. A full discussion followed as each recommendation contained in the Report was presented and voted on. A large number of members were present and entered into the discussion. The principle of Dominion Registration had been endorsed at the meeting in 1936, and at this meeting the recommendations, with certain amendments, were endorsed.

Another important session, with Miss Elizabeth Rogers, vice-chairman of the Nurse Education Section presiding, took place on Thursday afternoon when Miss Marion Lindeburgh, convener of the National Curriculum Committee presented a study of the Proposed Curriculum for Schools of Nursing in Canada. The Association was very pleased to have Miss Lindeburgh, and her presentation was much appreciated, especially by the members of the Curriculum study groups throughout the Province. Miss E. Kathleen Russell, Director of the School of Nursing of the University of Toronto spoke briefly on the work of the School and a resolution was subsequently passed that the Board of Directors appoint a committee to form a link between Schools of Nursing in Ontario Universities and the nurses of this Province.

The third important session was on Friday when the special feature was an address on orthopedic nursing by Miss Marion Ballantyne, orthopedic supervisor, Visiting Nurses Association, Brooklyn, N.Y. Miss Ballantyne also gave a practical demonstration of remedial exercises. A number of children, trained in the physiotherapy department of the Children's War Memorial Hospital, gave a demonstration of exercises for flat feet. This general session, chaired by Miss Jean Church, was held under the auspices of the Private Duty and Public Health Sections of the Association. In the arrangements for this meeting the Ontario Society for Crippled Children gave active co-operation.

Membership: Another high light was the report of the Membership Committee. In 1926 the membership was 574 and at this meeting reached 3002. As compared with the annual meeting in 1936, this is an increase of 641. As a result of the membership campaign, there have already been 725 new members in 1937.

Legislation: This committee reported that a special committee had been ap-

pointed in 1936 by the Honourable the Minister of Health with representatives from the Department of Health, the Council of Nurse Education and the Registered Nurses Association of Ontario to consider the revision of the rules and regulations relating to the registration of nurses. This special committee revised the regulations which were approved by the Lieutenant-Governor in Council, recently forwarded to the Training Schools for Nurses in the Province by order of the Honourable the Minister of Health. As the educational requirements for entrance to Training Schools for Nurses had been changed, and as at stated periods further changes will occur, the Collegiate Institutes and Vocational Schools in Ontario are to be circularized with respect to the educational requirements for entrance.

Permanent Education Fund: The Association objective, covering a five-year period, was $10,000.00 and this fund has now reached $9,709.08. Loans from this Fund are now available for postgraduate study and to date one loan has been granted. The committee anticipates that within the next few months many nurses in Ontario will avail themselves of this assistance.

Florence Nightingale Memorial Fund: The committee reported that $715.30 had been received in the past fiscal year. Information with respect to an International Red Cross Bazaar in London, England, prior to the International Congress of Nurses was brought to the attention of the Association. The Board of Directors is keenly interested in assisting to raise funds for the Nightingale International Foundation and a committee was appointed to secure articles characteristic of Ontario industries.

The report concerning the *National Enrolment of Nurses for Emergency Service* showed that there are 362 nurses enrolled in Ontario. The report of the Committee which was appointed to study the distribution of nursing services was of real interest and will be widely distributed. The committee appointed to study the *establishment of Bureaux of Nursing* is planning to approach the Ontario Government for financial assistance within the next few months. The committee appointed to study the proposal that *all who nurse the sick for hire should be licensed* is making an investigation of this important question.

The report of the activities of the *Council of Nurse Education* showed that its activities had pivoted around the revision of the rules and regulations relating to the registration of nurses. A medical practitioner, appointed on the recommendation of the Registered Nurses Association of Ontario, has been added to the Council and equal representation is now given to the Registered Nurses Association of Ontario. Since 1923, 20,937 nurses have registered and 49.53% of these have re-registered in 1937. In 1936, the total number taking Provincial Registration examinations was 1133.

The Nurse Education Section reported that, during the past year, four refresher courses have been given at the School of Nursing of the University of Toronto. These included courses for public health nurses, for hospital social workers and for staff nurses from Schools of Nursing.

The Private Duty Section focussed attention upon the report of the committee to study the eight-hour day. The convener, Miss Madelene Baker, spoke on this question in many centres throughout the Province. The eight-hour day is now in force in Sault Ste. Marie, London, Toronto, Simcoe, St. Thomas and Niagara Falls. Plans to adopt it are under way in Hamilton, Belleville, Kingston, St. Catharines and Oshawa.

The Public Health Section reported that a regional conference had been held in District 9 (Northern Ontario) which all but four of the public health nurses in that widely scattered district attended.

The ten District chairmen were all present at the meeting and presented progress reports of the activities carried on in their respective local groups.

The Membership Committee arranged for forty-nine students from thirty-eight Training Schools for Nurses throughout the Province to attend. Through the kindness of the Alumnae Associations of the Victoria Hospital and St. Joseph's Hospital, London, and the Women's Auxiliaries these students were most enthusiastic and the Association was delighted to have them as their guests.

One of the high lights of the Convention was the well-attended open meeting when Dr. Robert Wallace, Principal of Queen's University, spoke on "Nursing in a changing world." Dr. Wallace's interpretation of his subject was significant of his knowledge of nurses and nursing.

Many enjoyable social functions were interspersed with the business of the Association. The members of the Board of Directors were entertained at a dinner at the London Hunt Club the evening before the opening of the convention. The guest speaker at the banquet was Mr. James Spencely, Professor of English at the University of Western Ontario. His subject was "Robinson Crusoe in a new light" and his interpretation of that beloved Anglo-Saxon book was a real delight. The nurses were guests of the Overseas Nursing Sisters and the London Nurses at a delightful tea at Westminster Hospital. On the same afternoon the student nurses were the guests of the Staff and Senior Class of Victoria Hospital.

The new officers

The officers elected for 1937-38 were: President, Miss Ethel Cryderman, Toronto; first vice-president, Miss Constance Brewster, Hamilton; second vice-president, Miss Jean Church, Ottawa; secretary-treasurer, Miss Matilda E. Fitzgerald, Toronto.

The next annual meeting will be held in Kingston, in 1938.

We Listen in

What makes any meeting a success? If you want to know the answer you would have found it, as we did, at the Annual Meeting of the Registered Nurses Association of Ontario. To begin with, there was a large attendance and every one of the ten district associations was represented by up and coming delegates who did not hesitate to make their opinions known. The programme was admirably planned and carried out with promptness and despatch.

The president of the Association, Miss Ethel Cryderman, proved herself to be an extremely capable presiding officer and won well merited praise for her firm yet courteous handling of the spirited discussions which characterized the sessions. Her charm and dignity lent grace to many delightful social affairs and it was quite apparent that the members of the Association are justly proud of the woman they have chosen to lead them.

It was Miss Grace Fairley who in

speaking of the place of meeting said: "London is a bonnie city." And so it is! Certainly its citizens made everyone feel thoroughly at home and this brings us to the local committee on arrangements. When things move with deceptive ease it usually means that some downright hard work and clear thinking is being done behind the scenes. The London meeting was no exception to this rule. Excellent leadership was given by the chairman, Miss Mildred Walker, and she was ably assisted by Mrs. Hedley Smith, O.B.E., Miss Madalene Baker, Miss O. O'Neill, Miss H. Stuart, Miss M. McLaughlin, Miss M. DeCou, Miss F. Connolly, Miss L. Horwood, Mrs. H. Gillies, Miss N. Williams and Mrs. E. Hazelwood. Under the general direction of this committee the following groups of London nurses were jointly responsible for financing and carrying out the carefully planned arrangements: The Alumnae Associations of the Victoria Hospital, St. Joseph's Hospital and the Ontario Hospital; the Edith Cavell Nurses Association; the Nursing Sisters of the Westminster Military Hospital; the Isabel Hampton Chapter of the I.O.D.E.

And now perhaps we ought to get down to business and talk about the meeting itself. We shall leave to Miss Matilda Fitzgerald the task of reporting officially upon the work of the various committees. No one can do this as well as she can, for among its many assets the R.N.A.O. is happy in the possession of a thoroughly capable and cool-headed secretary-treasurer who always rises to the occasion and never gets flustered. All we shall try to do is to report briefly concerning the salient features of a notable occasion.

The keynote was struck by Miss Cryderman in her presidential address. She spoke of the importance of *active membership* and pointed out that in a single year the Association has obtained 833 new members. Miss Cryderman then spoke of the *corporate action* which *active membership* alone makes possible. As outstanding examples in the national field she cited the work of the Committee on Dominion Registration and that of the Committee on Curriculum. Within the Province itself, the attainment of the objectives set by the Permanent Education Fund gave proof of what nurses may accomplish by co-operative effort. The last point stressed by the President was the importance of *an informed public*. Her remarks on this topic were so well thought out that we have asked her to enlarge upon them later for the benefit of the readers of this *Journal*.

Nothing gives more stimulus to a meeting than the discussion of a controversial issue and Thursday morning brought a crowded audience eager to discuss the problem of Dominion Registration. The chairman of the national committee, Miss E. MacPherson Dickson was fortunately able to attend and gave her report with her customary ability and clearness. The debate was lively and the arguments presented shed considerable light on a project which is so far-reaching in its implications that it must be examined from every angle before action can safely be undertaken.

The afternoon meeting afforded a stimulating opportunity of hearing the Curriculum for Schools of Nursing in Canada commented upon by Miss Marion Lindeburgh herself. An enthusiastic and attentive audience demonstrated its interest in her vivid presentation of a project upon which she has spent so much time and thought and the success of which is due to her inspiring leadership.

Thursday evening brought what proved to be the climax of the whole convention. The Principal of Queen's

University, Dr. Robert C. Wallace, was the speaker at an open meeting which was attended by a representative lay audience as well as by nurses *en masse*. Dr. Wallace is a true friend of nurses. No one, in all Canada, has understood and sympathized with our aspirations as he has. Yet he has no illusions about us. Our faults are not hidden from him. The broad human understanding of the man knows us, not only as we are, but as we are striving to become. He has spoken to us before but this time it seemed as though he came very near to us. He took the new Curriculum as the text of what he had to say and it must have been a profound satisfaction to Miss Lindeburgh to hear his sympathetic and cordial appraisal of it. This great teacher pointed out its courage, its strength, its reasonableness, its capacity for adaptation in use. Above all, he demonstrated its sound underlying philosophy. Then, in his inimitable fashion, he indicated where it might be enriched by cultural values. He saw the woman as well as the nurse, the potential artist and scholar as well as the skilled technician. It is because Dr. Wallace respects and understands women in general that he is so good a judge of nursing values. His tribute to the gallantry displayed by nurses in their struggle for better educational opportunity was so obviously sincere that it put fresh heart into us. After all, there be those who have faith in us.

Prior to Dr. Wallace's address, the president gave an excellent résumé of the aims and objects of the Registered Nurses Association of Ontario. This was received with marked interest by the lay members of the audience and in creating this precedent, Miss Cryderman demonstrated a valuable method of giving dignified publicity to nursing aspirations and activities.

The next morning was devoted to the art and science of nursing. Miss Marion Ballantyne, orthopedic supervisor of the Visiting Nurses Association of Brooklyn, N. Y., was the guest speaker and gave a masterly address on orthopedic nursing which was received with rapt attention. The *Journal* is privileged to publish this address in an early issue. With the inexorable "deadline" almost upon us, we must postpone until next month a description of the lively sessions held by the Private Duty Section. Photographs of "The Day Sisters" will by then be available.

To sum it all up, the Ontario meeting was a success because it deserved to be. It was well planned, months ahead. It was ably directed. The issues were lively and challenging. The speakers were clear, forceful, and interesting. The audience was alert and far from submissive. The atmosphere, even in the heat of debate, was friendly. And London is a bonnie city!

E. J.

THE EDITOR'S DESK

The Provincial Associations

The best proof of the vigour and vitality of the Canadian Nurses Association is the fine work which is done by each of its nine provincial units. The annual meetings of the Provincial Association in Manitoba and Quebec were reported in previous issues and this month honours are shared by British Columbia and Ontario.

British Columbia has now reached the quarter-century mark and from the outset has made rapid progress. Inspection of schools of nursing began early in that Province and there has been a good relationship between the British Columbia Hospital Association and the British Columbia Association of Registered Nurses. We do not suggest that the two Associations have always seen eye to eye on such subjects as nursing education, but there has been an honest effort to understand each other's problems which has had a good effect all round. British Columbia has been fortunate in its leaders in every field of nursing and has made a notable contribution during the past twenty-five years to the advancement of nursing in Canada. In "We listen in" we have tried to convey our impressions of the annual meeting of the Registered Nurses Association of Ontario and it is therefore not necessary to repeat them here.

Readers' Guide

The season of highway accidents has begun and nurses are sometimes obliged to take charge until a doctor arrives upon the scene. In our leading article Dr. Turnbull gives explicit directions concerning what should and should not be done when head injuries have been sustained. Read them carefully. △ A fascinating glimpse of the Papworth Village Settlement is given by Miss Helen Cunningham. If you are going to England this summer do not miss the opportunity which will be afforded you of visiting this unique colony. △ Dr. Lloyd Brown's second and concluding article deals informatively with the interpretation of symptoms. △ Do not overlook *Notes from the National Office*. You will find some interesting items about the grand doings which are taking place in London this summer. And there is news about the activities of our own Association as well.

Journey's End

Last month we published a vivid descriptive article, written by E. Muriel Claxton, and called "Transportation north of the Peace." In the obituary column of this *Journal* will be found the announcement of the death, at her post of duty, of this indomitable and devoted woman. Her grave is close beside the distant northern trail she loved so well. There will be many in the years to come who will pause beside it in reverence and in gratitude. In the same obituary column there appears the name of Ruth Hamilton, a young nurse who was on night duty at the Anglican Mission Hospital at Aklavik, N.W.T. when it was burned to the ground. She brought all her patients to safety and won high praise for her courage and resourcefulness. She was married only last August to Mr. George Paterson, of Waterways.

We should do well if we wrote the names of these nurses, and others like them, upon a Roll of Honour. Our memory of them is a national possession which we should cherish with reverence and pride.

British Columbia's Anniversary

There are times when we wish that Canada were not a country of magnificent distances. If only we could have "listened in" at Vancouver as we did at London! But all we can do is to piece together the despatches which have just come in by air mail in the hope that we can convey some idea to our readers of what took place at the twenty-fifth anniversary of the founding of the Registered Nurses Association of British Columbia.

The first days of April saw a great gathering of the clans. Among them were four of the pioneers including the first president of the Association, Mrs. Bryce Brown (formerly Miss S. P. Wright), Miss Helen Randal, Miss E. G. Breeze and Miss M. E. Morrison. In 1912, these four ladies, with several others, formed the Registered Nurses Association, feeling that nursing should receive proper recognition as a profession. They realized that the time had come for standardization of schools of nursing, and of the qualifications of graduate nurses. With this end in view, a committee was set up to prepare a proposed Registered Nurses Act which it hoped might be presented that year as a government measure, but which proved to be an unwanted infant by the Cabinet of the time. War and changes of government forced the Association to bring forward and to retire the proposed Bill *every year* until 1918, when the Act actually came into being. All this time, members of the Association had continued to pay registration fees in advance in order to help towards the expenses of presenting the Bill annually. In 1936 the Act was amended and brought up to date, and as a result much has been done to standardize the curriculum as well as hours of duty and housing.

In her presidential address, Miss Fairley dwelt on the need for close co-operation between the nursing profession and the public and urged that the sincere desire to meet the community needs which are changing so rapidly, nationally and internationally, must never be lost sight of.

In her capacity as Registrar, Miss Helen Randal reported that 208 students had taken the registration examinations in 1936 and that of that number, 201 were successful. Scholarships had been awarded and reciprocal arrangements for registration have now been completed with England, Scotland and Wales. Miss Grace Fairley, in presenting the report dealing with school inspection, spoke of the need for nurses who are capable of giving service as ward supervisors. She also stressed the value of competent head nurses who realize that they are an important part of the teaching staff of schools of nursing.

Miss Henrietta Adams, educational director at Harbor View Hospital, Seattle, was the guest speaker at the anniversary dinner held under the joint auspices of the Association and the Provincial Board of Health. Miss Adams stressed the need for voluntary nursing service, and declared that in a country where so much medical attention is needed, nursing service which extends into the home is a godsend. "Canada has advanced beyond specialization to a much greater degree than the United States," she said. "We are only partially successful in giving well-rounded service to the community. Our big problem is one of amalgamation." Comparing progress made in Northern Europe with that in

A few of the guests at the Anniversary Dinner. At the head table are some of the pioneers.

North America, the speaker described developments she had observed on a recent trip abroad. She was particularly enthusiastic about methods of health service she had encountered in Scandinavian countries. "Medical nursing and special services are distributed to a much wider extent," she declared. "Sweden, which is divided into four hundred rural units, has an exceptionally low maternal death rate and leads the world in control of syphilis. Their modern co-operative building program ensures hospitals which are clean, bright, airy, inexpensive and artistic. Norway has greatly lowered the incidence of tuberculosis, and has developed a method of arrest or cure of dementia praecox, a condition which fills half the beds of mental hospitals; in this method insulin and thyroid extract are used. Norway also has compulsory old age, accident and sickness insurance. In voluntary or compulsory health insurance all Northern European countries have progressed much farther than we have."

Dr. H. E. Young, Provincial Health Officer, introduced the speaker of the evening and among the guests were Miss L. Leahy, Director, Public Health Nursing Field Work, University of Washington, and Miss I. Lambie, Director, Nursing Division, Health Department, New Zealand, who has a

travelling Fellowship under the Rockefeller Foundation, and is the first of such students from New Zealand. Miss Joubert, a nurse from Johannesburg, South Africa, who is now spending a year in Canada under the auspices of the Committee on Exchange of Nurses of the Canadian Nurses Association, was also present.

At the concluding sessions of a highly successful and enjoyable meeting reports of special committees were presented as follows: *National Enrolment for war and emergency*, Miss M. P. Campbell; *Nightingale Memorial*, Miss K. Sanderson; *League of Nations Association*, Miss Helen Randal; *Dominion Registration*, Miss Elizabeth Breeze. Dr. D. D. Freeze gave a most interesting address on "New drugs in surgery" and Miss Ruby Keeler presented an informative study on "Laboratory reports."

Miss Grace M. Fairley was re-elected president. The other officers are Miss Elizabeth Breeze and Miss M. Duffield who were each elected to the office of vice-president, Miss Florence Walker was chosen as secretary and Miss Helen Randal was re-elected registrar. The convenors of the Sections are as follows: *Public Health*, Miss M. Kerr; *Private Duty*, Miss M. Teulon; *Nursing Education*, Miss A. Cavers. The council members include Miss Elizabeth Clarke of New Westminster, Miss L. Mitchell of Victoria, Miss Helen Randal, Miss Kathleen Sanderson, and Sister Mary Beatrice.

THE FLORENCE NIGHTINGALE SCHOLARSHIP

The Executive Committee of the Canadian Nurses Association wishes to announce the candidate awarded the Florence Nightingale Scholarship, as selected by the Scholarship Award Committee. The Scholarship for 1937-1938 goes to Miss Maisie Kathleen Miller, of Moncton, New Brunswick. Miss Miller is a graduate of the School of Nursing, Moncton Hospital, Class 1925. Following graduation, she obtained her matriculation standing and then completed a two-years' Pre-Medical Course at Mount Allison University and one year in Medicine at McGill University. In addition to approximately five years successful practice in the field of private duty nursing, Miss Miller has acted as supervisor in several departments of the Moncton Hospital.

The Florence Nightingale Scholarship provides for a year of study in the International Courses offered by the Florence Nightingale International Foundation in conjunction with Bedford College for Women and the College of Nursing, London, England.

Miss Miller has selected the Course for Nurse Administrators and Teachers in Schools of Nursing.

Interpretation of Symptoms

LLOYD BROWN, M.D.,
Regina, Sask.

In a previous article a brief summary was presented concerning the essential observations to be made of a sick infant or young child. The significance of these observations now presents itself for discussion.

The general state of nutrition is frequently an indication of the patient's probable resistance to disease. Well nourished children do better than those who are overweight. When overweight is present, there is a tendency to sudden circulatory collapse. Infants brought up on a high carbohydrate diet are usually poor risks because they have little resistance to infection and complications. In the case of children who are underweight, the resistance is lowered and they should be watched closely for early signs of complications. They need the same care and precautionary measures as are used in the case of premature infants.

Interpretation of the changes in colour may be summarized as follows: *Pallor* may mean circulatory collapse; onset of a complication with chills; nervous reaction due to pain, fright or other sensory nerve upset; internal hemorrhage; intracranial hemorrhage, due to pressure on the vital centres; enlarged thymus gland, as part of general collapse. *Cyanosis* may mean circulatory collapse; onset of respiratory disease or complications; chills; in the newborn, it may indicate intracranial hemorrhage; bronchopneumonia; subnormal body temperature. Local pallor or cyanosis, when present in an extremity, means interference with circulation and may be due to a thrombus, or to a spasm of nervous origin constricting the capillary system. Dry skin, in a very ill patient, is usually an unfavorable sign and calls for very close observation of any change which may occur in the patient's general condition. Profuse perspiration may mean general weakness and a falling temperature preceding a collapse. Irritability and restlessness may mean intracranial hemorrhage in the newborn. It sometimes accompanies the onset of pyelitis, middle ear disease or abscess formation. It is nearly always present when the infant is teething and sometimes indicates distension of the bladder.

If the eyes are dull, and there is bluish discoloration of the lower lid, this is a grave sign and the patient must be closely watched. Retraction of the head may be caused by meningitis, encephalitis or hemorrhage. A bulging fontanelle means increased intracranial pressure and may be due to infection, hemorrhage, or mechanical block in the cerebro-spinal fluid circulation. If an infant or young child attempts to pull at the ears it usually means that one of the three conditions may be present: middle ear disease, abscess of the ear canal, or teething. Repeated nasal discharge of a purulent and bloody character may mean the presence of nasal diphtheria. The colour of the lips is a fairly reliable index of the condition of the circulation; a change to a cherry red colour or brighter shades may

mean the onset of acidosis of significant degree. When the patient tends to avoid movement of the neck it should be regarded as a serious sign until proven otherwise.

A slow respiratory rate may be a sign of acidosis and may indicate the beginning of collapse. If the respiration is very rapid it may be a symptom of the onset of pneumonia, and if the accessory muscles are being used it signifies that it is of considerable extent. An irregular respiration rate, accompanied by pain, usually means superficial pneumonia or pleurisy. If one side of the chest lags behind, it usually signifies pneumonia or empyema on the lagging side. If there is bulging in the intercostal spaces, empyema is usually present. If there is a sudden increase in the respiratory rate, accompanied by cyanosis, it may mean collapse of the lung.

The abdomen should be carefully watched and any tendency to distension should be reported early. If the legs are drawn up and severe abdominal pain is present, it may mean intestinal obstruction or intussusception. Antiperistaltic waves, seen moving across the abdomen, usually indicate the presence of pyloric obstruction. Bulging at the umbilicus when under strain means umbilical hernia, which should be dealt with promptly.

The frequency of urination should be carefully noted. Failure to urinate may be due to nervousness or to a spasm of the bladder sphincter. Paralysis of the bladder may be present or, in the male, phimosis may be a complication. The appearance of the urine should be closely observed. If blood is present it points to hemorrhage in the genito-urinary tract; a dark concentrated yellow colour may mean that the patient is not getting sufficient fluids; a pungent odour may be a sign of acidosis. If diarrhoea is present, the rectum should be frequently examined for evidence of protrusion, because delay in observing protrusion may result in gangrene of the rectum. If the stools are frequent or contain blood, mucus or pus, it signifies infection or some other intestinal disorder. If the stools are either too watery or too hard, the fact should be reported.

The psychological effect of the nurse on the patient is very important in the case of children. If the nurse finds that her ministrations only aggravate a very ill child, she should report this fact to the physician-in-charge. Failure to do so may have serious results for the patient. The presence of twitching, either local or general, may herald marked pain or the onset of complications. They are frequently a sign that convulsions are impending.

Editor's Note: At a Refresher Course, held under the auspices of the Regina Registered Nurses Association, Dr. Brown gave an address on the observation and interpretation of symptoms occurring in the infant and young child. The first of two articles based on this address appeared in the April issue of the *Journal* under the title of "What to observe and how."

DEPARTMENT OF PUBLIC HEALTH NURSING

The Papworth Village Settlement

HELEN CUNNINGHAM,
formerly School Nurse in York Township, Ontario.

The war years saw the commencement of a unique scheme for the treatment and after-care of tuberculous patients that has grown to such an extent that today visitors from all corners of the world visit the Papworth Village Settlement. In 1914, Dr. Jones, now Sir Pendrith Varrier Jones, a general practitioner, and Miss Borne, the village nurse, felt that something must be done to care for the tuberculous patients in their village of Bourne and the surrounding country. By the end of the war the work had grown to such an extent that more accommodation had to be sought, and the estate of "Papworth," a few miles distant, was purchased. Patients and staff were soon established in the beautiful old Manor House, set among beautiful trees and lawns, such as one sees only in England.

In the minds of those two workers one question had continually arisen: "What are our patients going to do when we have restored them to a measure of health and strength? Can they re-establish themselves in the world outside?" Dr. Jones and Miss Borne felt that many of their patients could work if they could find suitable employment, but such employment was not to be found in post-war England where thousands of demobilized soldiers were finding the earning of their daily bread an impossible task.

The early twenties saw the establishment of certain workshops, and the erection of the first cottages for the "colonists," as they are now called. Fortunately for the purpose of the enterprise, both Dr. Jones and Miss Borne possess the happy faculty of not only being able to visualize their own ideas, but of being able to make others do so as well. Early in the history of Papworth the members of the Royal Family became interested, and have never ceased to give it their whole-hearted support as is evidenced by the fact that the Duke of Kent is the President of the Board at the present time. The cottages in Papworth bear the name of the donor, and many of these names are well known in British social and political life.

To-day Papworth is an up-to-date Sanatorium where all types of cases are cared for. This is a departure from the original idea of admitting only those whose prognosis is good. However, some of the local authorities, such as the London County Council, only send patients that they hope will be able to colonize, and if they are not able to do so they are recalled, and cared for in one of their own institutions. In 1936, a surgical unit, unsurpassed in equipment and furnishings was erected. The genius of this unit was Mr. Nelson, a brilliant young London surgeon, whose untimely death last June was a tremendous blow to Papworth and to the profession at large.

All those admitted, regardless of how much sanatorium care they have already had, are admitted as bed patients. After their case has been thoroughly investigated, the Medical Staff decide how

many hours a day the patients are capable of working. It may be only two hours in the beginning, but after a period of time, when it has been shown that they are able for full-time work, which is six hours a day, they are transferred to the Hostels and they then receive wages and pay board. In the case of a married man, or if there are two or three members of one family able to work, the name is placed on the waiting list for a cottage. This list unfortunately is a long one, and money is urgently needed for the erection of more cottages. These cottages cost in the neighbourhood of two thousand dollars, and are built of white brick; they rent for one dollar and a quarter to two dollars and a half per week according to size. Each is surrounded by a fair-sized garden, and, in the spring and summer, these gardens are a joy to all, for the villagers take great pride in them, and an English garden is a lovely thing.

Under the panel system, the villagers are on the panel of Dr. Stoll, the assistant Medical Superintendent, and are entitled to free medical attention and medicine. For the yearly fee of a dollar and a half the service of the village nurse is also at their disposal.

There are nearly one hundred children attending school, and it is an interesting fact that as yet no child in Papworth has developed tuberculosis. The children attend a clinic once a week where they are weighed by a nurse, and Dr. Stoll talks to them. A new open air school is planned as the next building project.

A natural sequel to the re-habilitation of ex-patients has been an effort on the part of those in authority to do likewise for those of our profession who have been unfortunate enough to develop tuberculosis. The same procedure is followed as with other patients on admission. At present this nursing staff is housed in a portion of St. Mary's Hostel for Women, quite apart from the rest of the staff, but a new home is almost completed and ready for occupancy. Only the late King's death prevented Queen Mary from laying the corner stone of this building last June. It is a project in which she has long been keenly interested. Papworth, however, is not the only Sanatorium in England carrying out this idea, as Frimley Sanatorium, run in conjunction with Brompton Hospital, London, is staffed entirely with nurses who have at some time been patients themselves.

On the road to York, beyond the Gibbet at Caxton, lies this village which has been a village of Hope to many. Some live out the remainder of their lives here, others become well enough to go out into the world again. Some, young and ambitious, go out only to find that the continual wear and tear of life in London, or some other large city is more than they are physically able to stand and they return, grateful that there is a Papworth. They learn to take pleasure in the simple things of life—their gardens, a walk through the woods, when the ground is carpeted with primroses or bluebells. Tea, dear to every English heart, may be drunk at the old Saxon village of Ettesley in the house in which Oliver Cromwell's sister once lived and an occasional visit may be made to Huntingdon, six miles distant, which remains much as it was when Oliver Cromwell was a lad there. Cambridge is only twelve miles away, with its busy shopping district and beautiful Colleges, among them Kings College Chapel, that gem of English architecture. These are some of the pleasures which Papworth colonists can find and do enjoy.

LEONIE CHAPTAL

On Easter Day of this year the death occurred of Léonie Chaptal, the honoured President of the International Council of Nurses for the 1929-1933 quadrennial period. Many Canadian nurses will remember the dignified yet vivid personality of this brilliant Frenchwoman who gave such colour and vivacity to the meetings of the Congress which took place in Montreal and in Paris.

As a speaker she was most arresting and her amazing command of language was not confined to her mother tongue but was just as apparent in several other European languages.

Mademoiselle Chaptal served the National Association of The Trained Nurses of France in the capacity of president from the time the Association was founded in 1923 until her death. Her great gifts as organizer and leader thus found full scope and she exercised a profound influence on nursing education in France.

The League of Nations recognized her ability as a social worker by entrusting her with the direction of an enquiry into certain international aspects of child welfare. In this, as in everything she undertook, she achieved outstanding success. In her death, the profession of nursing, the world over, has lost a great leader.

Obituary

CLAXTON—A vivid article, written by Miss E. Muriel Claxton, entitled "Transportation North of the Peace" appeared in the April issue of the *Journal* before the magazine had reached its readers, the author had come to the end of the trail. Miss Claxton was a graduate of the School of Nursing of Guy's Hospital, London, and for many years was looked upon as one of the most distinguished Red Cross workers in British Columbia. Recently she had been in charge of the Cecil Lake Outpost Hospital, and it was here that she contracted an attack of influenza which necessitated her removal to the Fort St. John Hospital, twenty-one miles away. Although every effort was made to save this precious life, it was too late and she died on March 13, 1937.

At the recent annual meeting of the Provincial Division of the Canadian Red Cross Society, Miss Claxton was singled out for high praise and she had returned to her distant post only a few months ago after a much needed holiday overseas. As she herself wished, she was buried close to Cecil Lake Depot where, so often trapper, rancher, and Indian had come to

her for treatment. Her passing is deeply mourned by the people of the Peace River District, whom she had so devotedly served.

BAXTER—The death occurred recently of Miss Grace Geraldine Baxter, a graduate of the School of Nursing of the Regina General Hospital, and a member of the Class of 1933.

LeDUC—The death occurred suddenly, on February 21, 1937, of Florence Marion Lord, beloved wife of Mr. Frederick A. LeDuc. Mrs. LeDuc was a graduate of St. Luke's General Hospital, Ottawa, Class of 1904.

PATERSON—At Edmonton, Alta., on March 31, 1937, the death occurred of Mrs. George Paterson (Ruth Hamilton), a member of the Class of 1933 of the Toronto General Hospital School of Nursing. Before her marriage in August, 1936, Mrs. Paterson was engaged in nursing in the far north at Aklavik, N.W.T., and during a fire which destroyed the hospital, won high distinction by her heroism in bringing to safety all patients who were in the hospital at the time. Mrs. Paterson returned to the Northwest to make her home in Waterways following her marriage, and it is with deep regret that her classmates and many friends have learned of her untimely death. Sympathy is extended to Mrs. Paterson's husband and to her parents in their loss.

RUNDLE—Our English colleagues have suffered a sad bereavement in the death, on March 13, of Mary Snell Rundle, R.R.C., D.N. For seventeen years Miss Rundle gave invaluable service to the College of Nursing in the capacity of its first secretary and, even in retirement, actively interested herself in its affairs.

In 1912 she was appointed matron of the Royal Hospital for Diseases of the Chest, and it was there that she organized some of the earliest postgraduate courses on tuberculosis nursing, health visiting and work in the tuberculosis dispensary of the hospital. With the profits from these lectures she started a nurses' library. For her War work Miss Rundle received the Royal Red Cross (First Class), but in 1916 the Director General (Medical Services) allowed her to apply for the secretaryship of the College of Nursing, at that time hardly more than the ghost of an idea, but a ghost the importance of which he recognized. During her work at the College Miss Rundle received the Diploma in Nursing (*honoris causa*) of Leeds University.

They received a home in the minds of men where their glory remains fresh to stir to speech or action as the occasion comes by.

For the whole earth is the sepulchre of famous men and their story is not graven only on stone but lives on far away without visible symbol, in the stuff of other men's lives.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

An International Loss

The Canadian Nurses Association expresses sincere sympathy to the members of the National Association of Trained Nurses of France in the death of their President, Mademoiselle Léonie Chaptal. As President of the International Council of Nurses from 1929 to 1933, Mlle. Chaptal won the admiration of the Nursing Profession throughout the world and her passing is a severe loss.

Executive Committee

The Spring Meeting of the Executive Committee of the Canadian Nurses Association was held in Regina, Saskatchewan, on March 6, 1937. Those present were, the President, Miss R. M. Simpson, Miss A. F. Lawrie, Regina; Miss E. Amas, Saskatoon; Miss E. Smith, Moose Jaw, and the Honorary Secretary, Miss E. J. Wilson, Winnipeg.

Comments on proceedings of general interest are made herewith:

General Meeting 1938

The Registered Nurses Association of Nova Scotia has appointed the President, Miss Marion Haliburton, Convenor of the Arrangements Committee for the General Meeting of the Canadian Nurses Association in 1938. That meeting is to be held in Halifax. The definite date will be fixed later.

Incorporation

The Executive Committee has authorized the Committee on Dominion Registration for Nurses in Canada to secure advice on the possibility of the Canadian Nurses Association becoming incorporated, with provision for Dominion Registration by the Association, rather than to set up a second body under the control of the Association as suggested by the proposed plan for Dominion Registration and as recommended by the Department of the Secretary of State.

Community Nursing Service

The convenor of the Committee on Community Nursing Service Bureaux has sent a questionnaire to members of the Committee in order to secure opinions which might form a basis for approach to the Victorian Order of Nurses for Canada with reference to an experiment, or experiments, in community nursing service bureaux according to the resolutions from the General Meeting in 1936. A summary of the replies formed part of the convener's report. The reply, from the Victorian Order of Nurses to the request for co-operation and assistance, expressed a sympathetic attitude to the proposal and a desire to co-operate, but, stated that a definite decision could not be made until the policy under which the experiments would function has been clearly defined. Miss Jean Gunn and Miss Edna L. Moore, of Toronto, and Miss Gertrude M. Bennett, of Ottawa, all members of the Committee, were appointed a sub-committee to discuss the suggested joint project with representatives of the Victorian Order of Nurses. It was announced that contact had been made with the National Employment Commission. It was decided to await the results of the conference with representatives of the Victorian Order of Nurses before making further contact with the Commission.

Sections

The Education Committee of the Private Duty Section reported the preparation of material as a basis of study for the Provincial Sections. Similar procedure has already been undertaken by the Nursing Education and Public Health Sections. Satisfaction had been reported from centres where the eight-hour day is in operation.

Provincial Associations

A brief digest, prepared from the interim reports of Provincial Associations, is presented herewith:

The Alberta Association of Registered Nurses and the Provincial Department of Public Health arranged a refresher course for the last week of March. The annual meeting of the Association is to be held in the autumn in conjunction with the Alberta Hospitals Association.

The Registered Nurses Association of British Columbia reported preparations for the celebration of its twenty-fifth anniversary during the annual meeting of 1937.

The Manitoba Association of Registered Nurses reported that the various sections and committees were actively engaged in carrying out their respective programmes. A conference was held between representative members of the Association and a member of the Employment Commission for Women. The latter was given an outline of the various palliative means, supported by the Association, to help create employment for nurses. As a further means toward creating employment, the Association's representatives proposed an experiment by which the machinery of existing agencies with subsidiary grants might be used, i.e., a rural area where the cost of hospitalization is extremely high, could be selected as a district in which, by aid of a federal grant, a number of nurses could be engaged to give actual bedside care. It was pointed out that such a service would be of value, not only to the acutely ill but for the care of the chronically ill who, in many instances, were placed in institutions but might very well be cared for in their own homes if periodic nursing care and supervision were possible.

The Board of Examiners of the *New Brunswick Association of Registered Nurses reported* a marked improvement in the academic standing of candidates presented for Registration Examinations. Following her initial visit to Schools of Nursing, the registrar presented, to the Executive Council, tabulated information relative to educational entrance requirements; hours of duty; living accommodation; physical set-up of schools; extent of clinical field; school staff; curriculum. In January last, the Executive Council passed the following resolutions:

1. That the Executive Council record our high regard for Miss Sarah Brophy as a member of this Council; our sense of loss which her death means to the nursing profession of the Province, and sincere appreciation of her splendid work as Convener of the Legislative Committee over a long period of time.
2. That the Nursing Education Section and the Committee on Instruction form a study committee with reference to the Proposed Curriculum for Schools of Nursing in Canada; that this committee keep in touch with the superintendents of schools of nursing and keep them informed of their deliberations.

The annual refresher course arranged by the Halifax Branch of the *Registered Nurses Association of Nova Scotia* was greatly appreciated by the large number who enrolled for the course. Recent action by the Board of the Harbour View Hospital, Sydney Mines, makes it compulsory for members of the nursing staff to obtain registration and maintain membership in the Provincial Association.

The Registered Nurses Association of Ontario appointed a special committee on Dominion Registration to promote a study of the project by the District Associations thus enabling them to be prepared to discuss Dominion Registration at the annual meeting. The Association appointed the Secretary to the Liaison Committee of representatives from Women's Organisations in Toronto. That Committee was formed by the National Council of the Y.W.C.A. at the request of the League of Nations in Canada. The Committee is to assist in a world survey of the present status of women by obtaining statistics on the one point of wage-earning women's responsibility for dependents. Information is being obtained by questionnaires, one thousand of which have been distributed among members of the R.N.A.O. Later, the information, compiled from returned questionnaires, will be forwarded to the International Labour Organisation of the League of Nations in Geneva.

The report of the annual meeting of the *Association of Registered Nurses of the Province of Quebec*, previously published in the April number of the Journal, was presented to the Executive Committee.

The annual meeting of the *Saskatchewan Registered Nurses Association* is to be held in Prince Albert on May 27 and 28. Following the appointment of subchairmen by the Nursing Education Section in Prince Albert, Yorkton, Moose Jaw and Regina, the Section asked that arrangements be made for refresher courses in those districts. A more favourable attitude by Hospital Boards and members of the Medical Association toward the eight-hour day for private duty nurses was reported.

International Congress

Announcement of Congress arrangements, obtained from *The British Journal of Nursing*, is published below for the

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benefit of Canadian nurses who will attend the Congress of the International Council of Nurses. These announcements are of extraordinary interest and gratification to Canadians.

Their Majesties the King and Queen have graciously consented to give Their Patronage to the Congress. Her Royal Highness The Princess Royal has most graciously consented to become a Patron and to declare the Congress open at 10 a.m. on July 19th.

Other members of the Royal Family who have consented to be Patrons are: Princess Beatrice, Princess Arthur of Connaught, The Duchess of Kent, Princess Alice, Countess of Athlone, and the Earl of Athlone, Princess Victoria and Princess Marie Louise.

Among other distinguished Patrons will be: His Grace The Archbishop of London; The Right Rev. The Lord Bishop of London; The Right Hon. Stanley Baldwin and Mrs. Baldwin; Cabinet Ministers, Ambassadors, Ministers of Foreign Powers and High Commissioners; Representative Members of the Medical Profession; The Lord Mayor of London; The Lady Mayoress, and the Mayor of Westminster; and Representatives of the Royal Hospitals, namely St. Bartholomew's, St. Thomas's, Bethlem Royal, Guy's and London. Many of these Patrons have consented to attend the Opening Meeting of the Congress.

The Right Worshipful the Mayor of the City of Westminster will extend a civic welcome at the Opening Meeting. The Minister of Health, Sir Kingsley Wood, will also extend a welcome to the Congress.

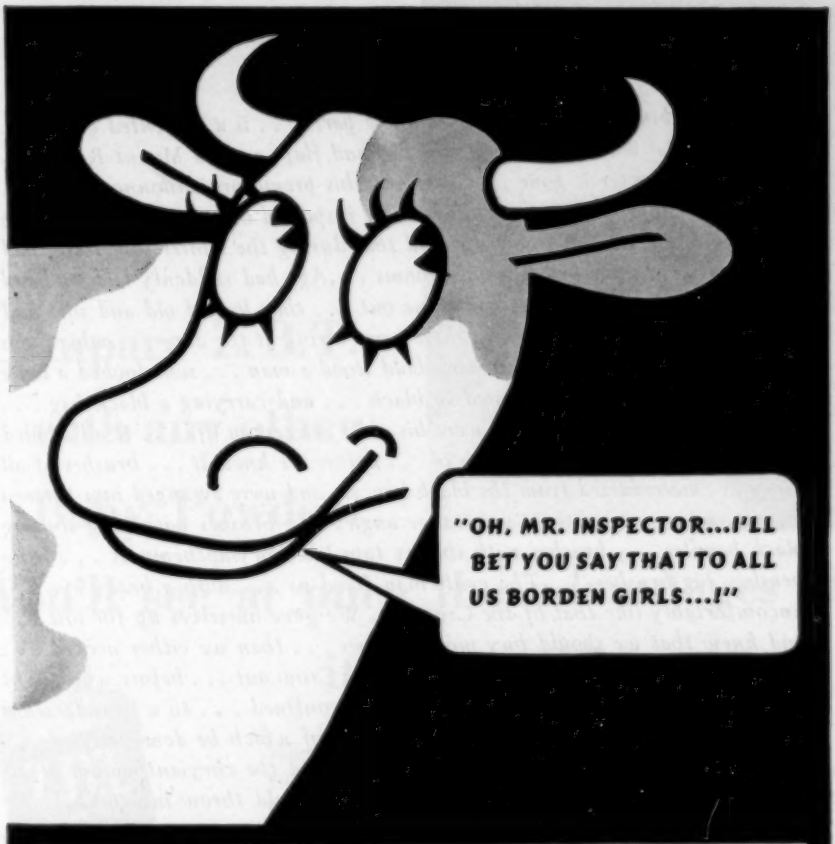
On Wednesday evening, July 21, amid colourful surroundings in the Great Hall, the Council will welcome the new National Member Organisations following which the Florence Nightingale Oration will be delivered.

With the necessary and gracious permission of His Majesty, The King, a reception of one thousand Congress members will be held at the House of Lords on Friday, July 23rd from 8 to 11 p.m. The House of Commons, the Royal Gallery and Westminster Hall will be thrown open and refreshments served on the Terrace.

Congress Tours

Bookings to date with the Congress Tours, organised by the Canadian Nurses Association for nurses wishing to attend the Congress, assure a large representation from Canada. These tours should be most convenient to many who have a limited vacation period and who wish to have the benefit of an all-expense tour under the protection of a tour manager, supplied by Cooks, from the arrival of the party at point of disembarkation to London and with each post-Congress tour from London departure to point of westbound embarkation. Hotel accommodation while in London is included in the cost of the tour. Those who wish to enrol with the Association should make early application, and those already enrolled should advise Cooks immediately of the date on which they wish to obtain return steamship accommodation. Bookings for westbound sailings throughout August will be extremely heavy.

Every nurse from Canada, wishing to attend the Congress, must be a member of a Provincial Association of Registered Nurses and have paid the Congress Registration Fee, $2.50, before leaving Canada. The required form to establish membership can be obtained from the Executive Secretary. The Registration Fee may be forwarded to Thos. Cook and Son, Ltd., 1455 Union Ave., Montreal, or to the Executive Secretary, Canadian Nurses Association, 1411 Crescent Street, Montreal, Quebec.



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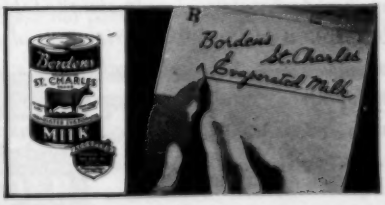

. . . OFF . . . DUTY . . .

The harbinger of Spring . . . in these parts . . . is a demented crow . . . who arrives far ahead of his brethren . . . and flaps around Mount Royal . . . yelling that Winter is gone . . . This year his premature announcement . . . stirred us to appropriate action . . . and we inspected our equipment . . . with a view to housecleaning . . . We found that during the winter something had happened . . . to our brushes and brooms . . .Age had suddenly laid its hand upon them . . . their bristles had come out . . . they looked old and soft and tired . . . That very evening . . . there came a ring at the door . . . which was firm yet apologetic . . . On the threshold stood a man . . . who looked a little like the Crow . . . neatly dressed in black . . . and carrying a black bag . . . He explained that brushes . . . were his chief interest in life . . . It all seemed a bit uncanny . . . but we let him in . . . Before we knew it . . . brushes of all kinds . . . materialized from the black bag . . . and were arranged in a pattern on our rug . . . brushes set at strange angles . . . brushes with long shining black handles . . . brushes with shaggy tops like chrysanthemums . . . little brushes, big brushes . . . The gentleman fixed us . . . with a beady eye . . . uncomfortably like that of the Crow . . . We gave ourselves up for lost . . . and knew that we should buy more brushes . . . than we either needed . . . or could afford . . . The thing was to get the Crow out . . . before we bought him out completely . .. Finally we got him confined . . . to a consideration of three magnificent specimens . . . the uses of which he demonstrated . . . on our shabby furniture . . . Then he brandished the chrysanthemum affair . . . and said that if we bought it too . . . he would throw in a milk bottle brush . . . free, gratis, and for nothing . . . We rose like a trout to the fly . . . and were neatly hooked . . . As we signed on the dotted line . . . we asked what the chrysanthemum affair was for . . . "That," he said, "is a spatter mop" . . . Not liking to expose . . . our casual housekeeping methods . . . to the Crow's piercing gaze . . . we said no more . . . Yet one thing haunted us . . . What had prompted him . . . to call on that particular evening? . . . Trying to be casual . . . we asked him straight out . . . He said that "women executives" . . . (what subtle flattery) . . . could only be run to earth . . . in the evening . . . too busy for household cares in the daytime . . . yet needing brushes desperately . . . It sounded plausible . . . but we still felt . . . that the Crow is his familiar spirit . . . and had led him to our door . . . One thing consoles us . . . we came back from a journey . . . a few days ago . . . to find our abode . . . swept and garnished . . . The cleaning woman . . . had used every brush . . . except the spatter mop . . . We shall have to keep that one . . . as a pet . . . E.J.

★

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TYPICALLY CANADIAN

A good response is being made to the appeal made in the April issue of the Journal on behalf of the International Red Cross Bazaar which is to be held in London in July. It will be remembered that the proceeds are to be used to assist the work of the Florence Nightingale International Foundation. A letter has been received by Miss Grace M. Fairley, convener of the Nightingale Memorial Committee, from Miss A. F. Lawrie, president of the Saskatchewan Registered Nurses Association, which indicates what a truly Canadian contribution is being arranged in that Province.

You will be interested to know what we are doing with regard to collecting articles for the Red Cross Bazaar. The conveners I appointed in each of the larger centres are trying to interest individuals, not organizations. For instance, one of our supervisors got in contact with the Superintendent of Indian Affairs, who on reading the letter we received from London, asked to be permitted to make copies of it. These he is sending out to the Indian Agents in the Province. In this way I hope we shall obtain some Indian work to send you. The Ceramics Department at the University of Saskatchewan is making some articles from Saskatchewan clay and imprinting on them the Saskatchewan seal, and I am enclosing the copy of a letter that I received from one of the Sisters in a Catholic School, which I am sure will interest you.

The letter to which Miss Lawrie refers was written by the Reverend Sister Dalgleish, Reg. N., of the Indian School at Lebret, Sask. Excerpts from it read as follows:

Through our Sisters at the Grey Nuns Hospital, I have come to learn that you wish to have articles made by Indians for the Red Cross Bazaar in England. I take great pleasure in forwarding you a few pieces made by pupils of this school. The book mark was made by Florence Pinay, age nineteen, who is a high school student

preparing for a nursing course. The ashtray mat was made by Edna Desmamie, age thirteen. The belt was made by Rachael Aemson, a Cree Indian who came to this School in 1899 and has remained in the service ever since. She is the grand-daughter of Chief Pasqua who was among the first of the pagans to become Christian. The reserve near here bears his name. Her Indian name is Takawish. She bears the typical characteristic of a pure Indian, which is keen observation, and is a natural psychologist and extremely sensitive. She is industrious and saving and it was with real pride that she gave me the belt.

TAKING OFF THE WRAPPER

I should like to say how interested I was in Miss Ruby Simpson's article in the March issue of *The Canadian Nurse* and especially in the paragraph which stated that there was a possibility of short postgraduate courses being arranged by the College of Nursing in London for the benefit of nurses attending the Congress. If this arrangement should be made, I do hope there will be a course in teaching and administration. Perhaps the suggestion was merely thrown out as a bait, but if so it was a good one — at least it caught one fish immediately, as I forthwith began making arrangements for my reservation!

I think there is going to be quite a good representation from Calgary, three of us are going from the Calgary General Hospital and I understand several other Calgary nurses are planning to attend. We are just considering whether cowboy costumes would not be the appropriate attire for the contingent from the Wild West!

Jessie A. Connal,
Calgary, Alta.

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NIGHTINGALE MEMORIAL FUND

Further contributions to the Nightingale Memorial Fund have been received as follows:

Alberta

Nursing Education Section, A.A.R.N.	$10.00
Graduate Nurses Ass., Medicine Hat	10.00
Nurses, Calgary General Hospital	15.00

British Columbia

Nursing Staff, St. Eugene Hospital, Cranbrook	$5.00
Kamloops Graduate Nurses Association	15.00
Nursing Staff, Kimberly Public Hospital	10.00
Nursing Staff, Mission Memorial Hospital	1.25
New Westminster Graduate Nurses Association	25.00
Vancouver Graduate Nurses Association	40.00
Science Girl's Club, University of British Columbia	15.00
Mrs. Angus Macdonald, Vancouver	10.00

Ontario

A.A. McKellar Hospital, Fort William	10.00
Nursing Staff, Sanatorium, Fort William	5.00
A.A., St. Joseph's Hospital, Guelph	5.00
Staff, Hamilton General Hospital, Hamilton	14.30
Ross Memorial Hospital, Lindsay	5.00
A.A., General Hospital, Niagara Falls	5.00
A.A., Nicholls Hospital, Peterborough	5.00
A.A., Mack Training School, St. Catharines	10.00
A.A., Women's College Hospital, Toronto	5.00
A.A., Western Hospital, Toronto	25.00

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A.A., Grey Nun's Hospital, Regina	5.00
A.A., Regina General Hospital (Scholarship Fund)	10.00
A.A., Regina General Hospital (Endowment Fund)	10.00
A.A., Saskatoon City Hospital	5.00
Miss M. Roebuck, Red Cross Hospital, Paddockwood	2.00
Miss A. L. Tell, Red Cross Hospital, Tuberose	1.00

New Brunswick

New Brunswick Nurses	140.00

Manitoba

Staff Nurses, Winnipeg General Hospital	9.75

REFRESHER COURSE

The School of Nursing of the University of Toronto, in co-operation with the Department of University Extension, is planning a refresher course for registered nurses who are interested in tuberculosis work. This course will be given May 19, 20, 21, 22, in the School of Nursing, University of Toronto. No credits will be given for this work, nor will any certificate be awarded. The fee will be $3.00. The course will be devoted to a study of tuberculosis and will consist of: (a) lectures: an interpretation of the subject from the point of view of medicine, surgery, the laboratory, the community; (b) round table conferences; (c) demonstrations.

Applications should be addressed to the Secretary, The School of Nursing.

AID TO THE ARTHRITIC

While the systemic treatment of arthritis demands some knowledge of the cause, at the same time local palliative treatment is usually an essential. The causes of arthritis fall into three major categories: infectious, metabolic and traumatic. Probably most cases are in varying degrees combinations of these three major causes. Treatment, then, involves the elimination of all possible foci of infection and the identification and correction of metabolic and postural abnormalities and the systemic treatment of the established inflammatory changes in the articulations. For the local treatment, many physicians find the application of a hot Antiphlogistine dressing a very distinct aid, both in relieving the pain and discomfort and in stimulating healthy reaction of cells and capillaries. If applied only at the *site* of the disturbance, the results are quite noticeable. However, if the dressing is extended well above or mesial to the involved joint, the effect may be very marked. If the dressings are changed at eight to twelve hour intervals, the beneficial effects are distinctly augmented.

THE VICTORIAN ORDER

Miss B. W. McRoberts has resigned as nurse-in-charge of the Sherbrooke Branch and is on leave of absence from the Order. Miss Hilda Barton has resigned as nurse-in-charge of the Timmins Branch to be married; she is being replaced by Miss Audrey Price, formerly a member of our Montreal staff. Miss Imelda Charron has resigned from the Moncton Branch to be married; she is being replaced by Miss Reta Myers. Miss Marjorie MacKinnon has resigned from the Montreal staff. Miss Jean Whiteford has been admitted to our Montreal staff.

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NEWS NOTES

BRITISH COLUMBIA

VICTORIA: The annual meeting of the Alumnae Association of the Royal Jubilee Hospital, was held recently and a summary of the reports shows a very active year. The 1936, Bursary of $100.00 was presented to Miss Agnes McInnes. Miss McInnes graduated in 1930 and has already done postgraduate work in Vancouver and Montreal. She is now at the University of British Columbia taking a postgraduate course in public health nursing. Among the outstanding social events were a flannel dance, the annual silver tea, and the reunion dinner. All events were very successful both socially and financially. A donation of $15.00 was given to the Florence Nightingale Memorial Fund. By means of our Sick Nurses Insurance Fund we were able to assist one of our sick members, which fully justified the existence of such a fund. The election of officers resulted as follows: President, Mrs. Russell; first vice-president, Miss R. Kirkendale; second vice-president, Mrs. G. M. Duncan; secretary, Miss H. Baillies; assistant secretary, Miss I. Donald; treasurer, Mrs. Alf. Dowell; Social convenor, Miss M. Dickson; sick visiting, Miss E. Newman; press representative, Mrs. G. Bothwell.

MANITOBA

DAUPHIN: The annual meeting of the Dauphin Graduate Nurses Association was recently held at the home of Mrs. Harrington. The following officers were elected for the coming year: President, Mrs. W. J. Harrington; vice-president, Miss J. G. Stothart; secretary, Miss D. E. Street; treasurer, Mrs. C. J. Jones; convenor of private duty section, Miss Drinkwater; convenor of hospital section, Miss L. Brinkman; convenor of program and social committee, Miss F. Rowell; convenor of sick visiting committee, Mrs. C. Spencer; press representative, Miss J. G. Stothart. The reports of the secretary, the treasurer, and of the standing committees were read and adopted. There are thirty-two paid up members, and a satisfactory balance in the treasury. A contribution was made to the Florence Nightingale Foundation. The chief activity during the year has been the establishment of a Graduate Nurses Registry, which will fill a very real need in the community.

NEW BRUNSWICK

MONCTON: Dr. Menzies, superintendent of the Saint John Mental Hospital, Saint John, recently gave an address at a meeting organized under the auspices of the Moncton branch of the New Brunswick Registered Nurses Association, taking as his subject "The modern treatment of mental diseases." He indicated the differences between insanity and feeble mindedness and spoke of the mistaken ideas held in this connection by the average layman. His lecture was much enjoyed and it is hoped that Dr. Menzies may be able to address us again.

Miss MacLaren has succeeded Mrs. DeBow as vice-president of the Moncton branch of the New Brunswick Registered Nurses Association.

ONTARIO

DISTRICT 1

LONDON: At a recent meeting of the Victoria Hospital Alumnae Association, Mrs. Cryderman gave an interesting talk on "Interior Decorating." The annual meeting of the Mutual Benefit Society was held on the same night, following the Alumnae Meeting. Miss Mary Gosnell, night supervisor at Victoria Hospital, is taking a postgraduate course in obstetrics at Sloan's Hospital in New York. A number of graduate nurses have been accepted for general duty on the staff of the Albany Hospital, N.Y., and several more are on the waiting list. A refurnishing programme is under way in the Private Pavilion of Victoria Hospital, and the rooms are gradually being completely redecorated and refurnished. In this connection our Alumnae Association and the Women's Auxiliary have generously assisted.

Married: Recently, Miss Ena Wilkinson (V.H.L.) to Mr. W. Melville Dundass.

Married: Recently, Miss Mary Hogg (V.H.L.) to Mr. James G. Calder, Jr.

SARNIA: The following marriages have recently taken place:

Married: Miss Hilda Myron to Mr. Clifton Clark.

Married: Miss Mabel Penhale to Mr. Albert York.

Married: Miss Kathleen Pell to Mr. Cecil Reid.

Districts 2 and 3

BRANTFORD: Miss Hilda D. Muir was delegate at the R.N.A.O. convention held in London recently. Miss Marion Gore and Miss Connie Lawton are doing general duty at Peel Memorial Hospital, Brampton.

Married: On April 17, 1937, Miss Lena Van Every (B.G.H., 1931) to Dr. A. D. Riddell.

KITCHENER: Eight meetings of the Alumnae Association of the Kitchener-Waterloo Hospital were held during the past year. Among the speakers were Mr. Montgomery who lectured on insects and their habits. Dr. Wilson gave a very interesting discourse on "The advancement of therapeutics in medicine," and Mrs. Pritchett, of Preston, spoke on the work of the Girl Guides. Upon one

occasion Mrs. Kieswetter entertained the Association and, as our guests for another meeting, we had the St. Mary's Hospital Alumnae Association, at which time twelve and twenty-hour duty were discussed. Twenty-hour duty was voted against and has now been abandoned in the two local hospitals, although it still prevails in the homes when necessary. Rates were changed to $4.00 for a twelve-hour duty and $5.00 for twenty-hour duty. The Alumnae Association subscribed money to furnish a room in the new wing of the hospital. The new addition to the Kaufman Nurses Residence of the Kitchener-Waterloo Hospital has been opened, this new wing will accommodate thirty-six nurses and the furnishing is very modern.

OWEN SOUND: On March 10, 1937, Miss Pearl L. Morrison arrived at the General and Marine Hospital to take over her duties as superintendent. Miss Morrison was, until recently superintendent of nurses in the Sibley Memorial Hospital, Washington, D. C. She is a graduate of the Welland General Hospital and has a splendid record of professional achievement.

Mrs. Richard Corbet, who has been in charge since February 1, received a gift as a token of the appreciation of the staff when she concluded her duties.

Married: Recently, Miss Frances E. Brown (O.S.G.N.H., 1935) to Mr. Willard L. Johnson.

STRATFORD: At a recent meeting of the Alumnae Association of the Stratford General Hospital, the members unanimously agreed to do everything possible to abolish twenty-hour duty. It was pointed out that the nurse should get sufficient sleep, besides having four hours off, in each twenty-four, for recreation. If these arrangements cannot be made because the patient needs a nurse on call all the time, then two nurses are necessary. The suggestion was also made that eleven-hour duty will very soon be put in force, providing of course that the patient is well enough to be left on ward care for one hour, or in the care of a member of the family. In other hospitals, nurses formerly doing eleven-hour duty are reducing it to eight-hour duty, but this is not being attempted at the present time in Stratford.

DISTRICT 4

HAMILTON: The nurses of the Hamilton General Hospital Alumnae Association recently held a very successful bridge at which approximately one hundred and eighty guests were present.

Miss C. E. Brewster, superintendent of nurses of the Hamilton General Hospital, Miss E. Bingeman, president of the Alumnae Association, Miss Helen Walker (H.G.H) and Miss Isabelle MacIntosh (H.G.H.) attended the Annual Meeting of the

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Registered Nurses Association of Ontario, held in London.

DISTRICT 5

TORONTO: Wellesley Hospital. Miss Elsie Jones (W.H., 1925) was recently appointed superintendent of nurses of the Wellesley Hospital. Miss Jones has been on the staff of the Hospital since February, 1928.

The following nurses left recently to do general floor duty at the University Hospital, Cleveland, Ohio: Miss Helen Little (W.H., 1935), Miss Annie Dalrymply (W.H., 1936), Miss Evelyn Watson (W.H., 1936), Miss Countess Curry (W.H., 1936).

Married: Recently, Miss Emma Maylor (W.H., 1919) to Mr. Kenneth B. Fuller.

Married: On Mar. 25, 1937, Miss Jean W. Hutchison (W.H., 1935) to Mr. John S. Jory.

ONTARIO

DISTRICT 6

PETERBOROUGH: A special meeting of District 6, R.N.A.O. was held on Feb. 4, at the Nicholls Hospital, Peterborough. The president, Miss Edith Young, occupied the chair. The attendance was thirty-three and the secretary reported fifty-eight paid members for 1937. Public health convenor reported the possibility of Port Hope obtaining a public health nurse and the hope that Cobourg will soon do likewise. Private duty section presented literature on eight-hour duty in hospitals and considerable discussion took place. The following reports were read from the different points of the district: Port Hope: they did not feel the need of it; Cobourg: no reply; Lindsay: the people find it difficult to pay a nurse even for twelve-hour duty; Belleville: had not had a meeting, but were to have Miss Baker to speak to them. In Peterborough a meeting of private duty nurses was called, with an attendance of twenty-eight. Seventeen voted for eight-hour duty and ten against. It was decided to let the matter rest for six months. The fee was set at $3.75 for eight-hour duty. An appeal was made to nurses who are undercharging to stand together and charge one rate.

The membership convenor reported a very active campaign to obtain the names of all nurses in the district in the hope of increasing our membership considerably. Reports of Chapters were called for and the response was as follows: *Chapter A.* No report. *Chapter B.* One meeting held this year. They are making a keen drive for new members. *Chapter C.* One meeting held in January when interesting reports were presented from the membership and private duty sections. They are working hard for a larger membership and stimulating interest in eight-hour duty in hospitals among the nurses, doctors, and the public. A Nursing Education Group was formed, the object being to study the Curriculum and

present portions of it at each monthly meeting, each section of the nursing groups taking part, and showing the application of it as they see it in their work. A paper on the history of the Registered Nurses Association of Ontario was given, also a very interesting paper on "Outstanding Women" by a lady reporter of our city paper.

Some discussion took place regarding the suggestion brought forward by the Executive, that the Standing and Special Committee convenors be included in the Executive of the District, for the reason that distance and transportation difficulties sometimes make it impossible for a full Executive meeting to be held. A motion was passed that this request be sent to the Board of Directors. The Chairman then gave a review of the Board of Directors meeting held in January, drawing attention to the regulations now pending regarding non-payment of yearly fees. The main reason for our meeting was then discussed which was Dominion Registration. Dr. G. S. Cameron kindly led the discussion, giving us an outline of how the medical profession went about obtaining Dominion Registration. As every member had been asked to read the report before coming to the meeting, there was much free discussion, and it was felt that the members understand more about what the nursing profession is striving for, and the advantage to be gained by having one Dominion Examination and so to be able to register in any province.

PORT HOPE: A meeting of Chapter B, District 6, was held at the Port Hope General Hospital on March 9, with the president, Miss Bell, in the chair. Miss Taylor of Cobourg, reported that the campaign for new members had resulted in twelve new applications, making a total of twenty-six. The officers of the Chapter for the coming year include: President, Miss M. S. Polson; vice-president, Miss R. Bell; secretary-treasurer, Miss Macklin; nominating committee, Miss Bacon, Port Hope; Miss Taylor, Cobourg; Miss Dart, Port Hope; programme committee, Miss Elliott, superintendent, Port Hope General Hospital; Miss Graham, superintendent, Cobourg General Hospital; Miss Shaw, superintendent, Ontario Hospital, Cobourg. A delightful social hour followed the meeting with Miss Elliott acting as hostess.

PETERBOROUGH: The regular meeting of Chapter C, District 6, R.N.A.O. was recently held at the Nicholls Hospital. Miss Vickers presided and twenty-nine members were present. Dr. A. Moffat gave an address on "Newer developments in medicine and surgery" which was greatly enjoyed. Reverend Sister Gonzaga led a discussion on the "Proposed Curriculum for Schools of Nursing in Canada." A social hour followed.

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District 7

Smith Falls: During 1936 and up to the annual meeting of District 7, Registered Nurses Association of Ontario, very definite progress was in evidence. During the past year District 7 has had the following objectives: (1) an increase in and a renewal of membership in the R.N.A.O. A good response has been made to this appeal. (2) The fee of one dollar per member has been required in order to establish a budget fund for District purposes. Each town in the District has procured its funds by different methods. In Smiths Falls, the Alumnae Association of the Smiths Falls Public Hospital and the Graduate Nurses Association pooled their efforts. The result was a Calendar of nurses' friends which was published in the first issue in 1937 of the local paper. Nearly $500.00 was realized, and each Association was able to contribute generously to the District, twenty dollars being given by each. It may perhaps be just a dream, but in the near future the District may be in a position to consider helping its members to take postgraduate courses. At any rate (and this is not visionary) it is hoped that the District will be able to send two graduate nurses to the Biennial Meeting of the Canadian Nurses Association which is to be held in Halifax in 1938, thus stimulating interest in nursing affairs by and through personal contact.

The nurses of Kingston reached their objective by means of a dance and the Alumnae Association of the Brockville General Hospital generously contributed fifty dollars. At an early meeting we hope to have Miss MacPherson Dickson as guest speaker. She will direct her discussion on "Dominion Registration."

The "all day" District Sessions are proving of great value to the members. The morning is given over to business and the evening to hear speakers of note on subjects of special interest.

District 8

Ottawa: A meeting of District 8, R.N.A.O. was held on March 25, Ottawa Civic Hospital, to discuss Dominion registration. Miss Blanche Anderson who has made a very intensive study of the report, presented it in a most comprehensive way and many points were brought up and fully discussed. About eighty-five members were present. The following nurses from the Ottawa Civic Hospital attended the Provincial meeting at London: Miss M. B. Anderson, Miss Elizabeth B. Rogers, Miss Gertrude Ferguson, Miss Bee McKerracher, Miss Mayme Downey.

Ottawa: The Alumnae Association of the Lady Stanley Institute recently held their annual dinner, when Miss Elizabeth Taylor, of Madura Hospital, India, was the guest speaker. Miss Taylor, who was intro-

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duced by Miss Mary Slinn, gave a most interesting address dealing with the work at the Madura Hospital. The speaker was thanked by Miss Mabel V. Stewart. Entertainment was provided for the guests under the leadership of Mrs. A. E. Mahood.

District 9

GRAVENHURST: The Gravenhurst Chapter, District 9, Registered Nurses Association of Ontario, have heard with interest that Sir Frederick Banting has been appointed to the Hospital Board.

SAULT STE. MARIE: At a meeting of the Sault Ste. Marie Chapter, R.N.A.O., held in the General Hospital, Rev. Sister St. Elizabeth, Superior, gave an interesting paper on Dominion registration for nurses. The meeting was then open for discussion to which each nurse contributed intelligently, all being in favour of the project. The necessity of establishing a nursing bureau in this city was also discussed owing to the nurses doing hourly nursing at the present time. Miss Elizabeth Gordon, chairman of the Chapter, was appointed delegate to attend the convention R.N.A.O.

QUEBEC

MONTREAL: The Montreal General Hospital. Miss J. B. Wareham (M.G.H., 1934) and Miss Claire Hiscock (M.G.H., 1934) who have been spending the last year in Cape Town, South Africa, have been offered staff positions in the new hospital "Groot Schuur" which is to be opened shortly in that city. Miss Elizabeth Robertson (M.G.H., 1923) has been appointed supervisor of the private wing at the Verdun Hospital for the mentally ill, at Verdun, Montreal. Miss Robertson has been assistant supervisor in the Out-Patient Department since her graduation, and she will be greatly missed from the nursing staff. Miss Kennedy-Reid (M.G.H., 1929) has been appointed to the staff of the out-patient department, Central Division. Her place as sister-in-charge of Ward L. has been taken by Miss Helen Miller (M.G.H., 1934). Miss Phyllis Snow has replaced Miss Miller as assistant to the sister-in-charge of Ward H.

Married: On Aug. 26, 1936, Miss Katherine E. Brady (M.G.H., 1927) to Dr. Holland N. Stevenson.

Married: On Feb. 25, 1937, Miss Isabel K. Morrison (M.G.H., 1931) to Mr. James L. Davison.

Married: On Mar. 25, 1937, Miss Elizabeth G. Sears (M.G.H., 1936) to Mr. John E. Gillespie.

QUEBEC: Jeffrey Hale's Hospital. At a recent meeting of the Alumnae Association, Dr. Matheson gave an interesting address on nursing and medicine in ancient and modern times. Miss P. Rand (J.H.H., 1936) is taking a six months course in X-Ray work at the Montreal General Hospital. Miss D. Jackson has resigned from the staff to be married and Miss M. Fife (J.H.H., 1936) is replacing her temporarily.

SASKATCHEWAN

REGINA: The annual meeting of the Regina Registered Nurses Association was held at the Regina General Hospital, with the president, Miss G. McDonald, in the chair. The election of officers for the ensuing year resulted as follows: Honorary president, Miss A. Lawrie; Hon. vice-president, Reverend Sister Tougas; president, Miss G. McDonald; first vice-president, Miss A. Cleaver; second vice-president, Miss M. McGrath; secretary, Miss K. Morton; assistant secretary, Miss F. Welsh; treasurer, Miss M. Armatage; conveners of standing committees: registry, Miss E. Reid; membership, Miss F. Ratner; sick nurses and relief, Misses D. Kerr, R. Riggall; entertainment, Misses H. Jolly, V. Harrop; public health, Miss C. Curry; nursing education, Miss M. Diederich, private duty, Miss A. Syms; press reporter and representative to *The Canadian Nurse*, Miss M. Armatage. At the conclusion of the business meeting Miss Hilda Hogg gave an interesting talk and showed moving pictures taken during her trip to England and Scotland, which were thoroughly enjoyed.

OVERSEAS NURSING SISTERS ASSOCIATION

EDMONTON: The annual meeting of the Edmonton Unit of the Association was held at the home of Mrs. Orr and the work of the year was reviewed. Nine monthly meetings were held at members homes and a Remembrance Day Dinner was held, with thirty Sisters present. Activities consisted of visiting sick members of the Club; placing flowers on the graves of Nursing Sisters;

(*Concluded on page 260*)

Official Directory

International Council of Nurses
Secretary, Miss Anna Schwarzenberg, 14, Quai Gustav Ador, Geneva, Switzerland.

CANADIAN NURSES ASSOCIATION

Officers

President ..... Miss R. M. Simpson, Parliament Buildings, Regina, Sask.
First Vice-President ..... Miss G. M. Fairley, General Hospital, Vancouver, B.C.
Second Vice-President ..... Miss M. L. Moag, 1246 Bishop Street, Montreal, P.Q.
Honorary Secretary ..... Miss E. J. Wilson, 592 Henderson Highway, Winnipeg, Man.
Honorary Treasurer ..... Miss M. Murdoch, General Hospital, Saint John, N.B.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held, viz: (1) *President, Provincial Nurses Association;* (2) *Chairman, Nursing Education Section;* (3) *Chairman, Public Health Section;* (4) *Chairman, Private Duty Section.*

Alberta: (1) Miss Kate S. Brighty, Administration Building, Edmonton; (2) Miss H. S. Peters, University Hospital, Edmonton; (3) Miss R. Chittick, Normal School, Calgary; (4) Mrs. M. Tobin, 385-4th Street, Medicine Hat.

British Columbia: (1) Miss G. M. Fairley, General Hospital, Vancouver; (2) Miss A. Cavers, Vancouver General Hospital; (3) Miss M. Kerr, Eburne; (4) Miss M. Teulon, Vancouver.

Manitoba: (1) Miss Edith McDowell, Nurses Residence, General Hospital, Winnipeg; (2) Miss E. Mallory, Children's Hospital, Winnipeg; (3) Miss I. Broadfoot, Health Unit, City Hall, St. Boniface; (4) Miss A. McIntyre, Ste. 8 Agnes Apts., Agnes and Ellice Ave., Winnipeg.

New Brunswick: (1) Mrs. G. E. Van Dorsser, Health Centre, Saint John; (2) Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss Kathleen Lawson, 84 Wright St., Saint John.

Nova Scotia: (1) Miss Marion Haliburton, 40 South St., Halifax; (2) Miss V. I. Winslow, Children's Hospital, Halifax; (3) Miss A. Slattery, Windsor; (4) Mrs. E. M. Haliburton, 169 Quinpool Road, Halifax.

Ontario: (1) Miss E. Cryderman, 281 Sherbourne St., Toronto; (2) Miss R. M. Beamish, Toronto Western Hospital, Toronto; (3) Miss M. Walker, Institute of Public Health, London; (4) Miss J. L. Church, 120 Strathcona Ave., Ottawa.

Prince Edward Island: (1) Miss Anna Mair, P.E.I. Hospital, Charlottetown; (2) Miss F. Platts, P.E.I. Hospital, Charlottetown; (3) Miss M. Wilson, Dept. of Public Health, Charlottetown; (4) Miss H. Solomon, Charlottetown Hospital, Charlottetown.

Quebec: (1) Miss M. L. Moag, 1246 Bishop St., Montreal; (2) Miss M. Batson, The Montreal General Hospital, Montreal; (3) Miss M. I. Brady, 1421 Atwater Ave., Montreal; (4) Miss M. Craig, Apt. 93, Linton Apts., Montreal.

Saskatchewan: (1) Miss A. F. Lawrie, Regina General Hospital, Regina; (2) Miss E. Amas, City Hospital, Saskatoon; (3) Miss E. Smith, Normal School, Moose Jaw; (4) Miss H. E. Wills, 2840 Robinson St., Regina.

CHAIRMEN, NATIONAL SECTIONS

NURSING EDUCATION: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal. PUBLIC HEALTH: Miss A. E. Wells, Dept. of Health, Legislative Bldg., Winnipeg. PRIVATE DUTY: Miss J. L. Church, 120 Strathcona Ave., Ottawa.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

NURSING EDUCATION SECTION

CHAIRMAN: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal; VICE-CHAIRMAN: Miss E. Amas, City Hospital, Saskatoon; SECRETARY: Miss E. F. Upton, Ste. 1019 Medical Arts Bldg., Montreal; TREASURER: Miss A. J. MacLeod, General Hospital, Vancouver.

COUNCILLORS: **Alberta:** Miss H. S. Peters, University Hospital, Edmonton. **British Columbia:** Miss A. Cavers, Vancouver General Hospital. **Manitoba:** Miss E. Mallory, The Children's Hospital, Winnipeg. **New Brunswick:** Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton. **Nova Scotia:** Miss V. I. Winslow, Children's Hospital, Halifax. **Ontario:** Miss R. M. Beamish, Toronto Western Hospital, Toronto. **Prince Edward Island:** Miss F. Platts, P.E.I. Hospital, Charlottetown. **Quebec:** Miss M. Batson, The Montreal General Hospital, Montreal. **Saskatchewan:** Miss E. Amas, City Hospital, Saskatoon.

PRIVATE DUTY SECTION

CHAIRMAN: Miss J. L. Church, 120 Strathcona Ave., Ottawa; VICE-CHAIRMAN: Miss K. B. McCallum, 181 Enfield Crescent, Norwood, Man.; SECRETARY-TREASURER: Miss H. E. Wills, 2840 Robinson Street, Regina.

COUNCILLORS: **Alberta:** Mrs. M. Tobin, 385-4th St., Medicine Hat. **British Columbia:** Miss M. Teulon, Vancouver. **Manitoba:** Miss A. McIntyre, Ste. 8, Agnes Apts., Agnes and Ellice Ave., Winnipeg. **New Brunswick:** Miss K. Lawson, 84 Wright St. Saint John. **Nova Scotia:** Mrs. E. M. Haliburton, 169 Quinpool Road, Halifax. **Ontario:** Miss J. L. Church, 120 Strathcona Ave., Ottawa. **Prince Edward Island:** Miss H. Solomon, Charlottetown Hospital, Charlottetown. **Quebec:** Miss M. Craig, 93 Linton Apts., Montreal. **Saskatchewan:** Miss H. E. Wills, 2840 Robinson St., Regina.

PUBLIC HEALTH SECTION

CHAIRMAN: Miss A. E. Wells, Dept. of Health, Legislative Bldg., Winnipeg; VICE-CHAIRMAN: Miss M. Kerr, Eburne; SECRETARY-TREASURER: Miss Isabel McDiarmid, 363 Langside St., Winnipeg.

COUNCILLORS: **Alberta:** Miss R. Chittick, Normal School, Calgary. **British Columbia:** Miss M. Kerr, Eburne. **Manitoba:** Miss I. Broadfoot, Health Centre, City Hall, St. Boniface. **New Brunswick:** Miss A. Burns, Health Centre, Saint John. **Nova Scotia:** Miss A. Slattery, Windsor. **Ontario:** Miss M. Walker, Institute of Public Health, London. **Prince Edward Island:** Miss M. Wilson, Dept. of Public Health, Charlottetown. **Quebec:** Miss M. I. Brady, 1421 Atwater Ave., Montreal. **Saskatchewan:** Miss E. Smith, Normal School, Moose Jaw.

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss Kate S. Brighty, Administration Building, Edmonton; First Vice-President, Sister Mansfield, Holy Cross Hospital, Calgary; Second Vice-President, Miss Margaret S. Fraser, Royal Alexandra Hospital, Edmonton; Secretary-Treasurer-Registrar, Mrs. A. E. Vango, 11109-83 Ave., Edmonton; *Chairmen of Sections*: *Nursing Education*, Miss Helen S. Peters, University Hospital, Edmonton; *Public Health*, Miss R. Chittick, Normal School, Calgary; *Private Duty*, Mrs. M. Tobin, 385-4th St., Medicine Hat.

BRITISH COLUMBIA

Registered Nurses Association of British Columbia

President, Miss G. M. Fairley, Vancouver General Hospital; First Vice-President, Miss E. G. Breeze; Second Vice-President, Miss M. Duffield; Secretary, Miss F. Walker, 520 Vancouver Block, Vancouver; Registrar, Miss Helen Randal, 520 Vancouver Block, Vancouver; *Councillors*: Miss E. Clarke, New Westminster; Miss L. Mitchell, Victoria; Miss Helen Randal, Miss K. I. Sanderson, Vancouver; Sister Mary Beatrice, Victoria; *Conveners of Sections*: *Nursing Education*, Miss A. Cavers, Vancouver General Hospital; *Public Health*, Miss M. E. Kerr, Eburne; *Private Duty*, Miss M. Teulon, Vancouver.

Manitoba Association of Registered Nurses

President, Miss E. McDowell; First Vice-President, Miss E. Russell; Second Vice-President, Miss I. Broadfoot, St. Boniface Health Unit, City Hall, St. Boniface; Third Vice-President, Rev. Sister Krause, St. Boniface; Hon. Secretary, Miss A. Baird, Ste. 11, Rosemount Apts., 351 Viner Ave., Winnipeg; *Members of Board*: Miss J. Stothart, Dauphin; Miss T. Wiggins, Winnipeg General Hospital; Miss D. Muir, Brandon Mental Hospital; Sister St. Irma, St. Joseph's Hospital, Winnipeg; Miss K. Day, Children's Hospital, Winnipeg; Miss J. Archibald, Shriners' Hospital, Winnipeg; Miss J. Morrison, 44 Arlington St., Winnipeg; Miss M. Wilkins, 753 Wolseley Ave., Winnipeg; *Conveners of Sections, Nursing Education*, Miss E. Mallory, Children's Hospital, Winnipeg; *Public Health*, Miss Broadfoot, St. Boniface Health Unit, City Hall, St. Boniface; *Private Duty*, Miss A. McIntyre, Ste. 8, Agnes Apts., Agnes and Ellice Ave., Winnipeg; *Social*, Miss K. McLearn, Shriners' Hospital, Winnipeg; *Visiting*, Miss M. Baldwin, Winnipeg General Hospital; *Press*, Miss L. Kelly, 753 Wolseley Ave., Winnipeg; *Membership*, Miss P. Anderson, 227 Balmoral St., Winnipeg; *Library*, Secretary-Treasurer, 214 Balmoral St., Winnipeg; *Finance*, Miss R. Dickie, 103 Chestnut St., Winnipeg; *Nightingale Memorial Foundation*, Miss R. Dickie; Representative to: *The Canadian Nurse*, Miss P. Brownell, 215 Chestnut St., Winnipeg; Secretary-Treasurer, Miss Gertrude Hall, 214 Balmoral St., Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Mrs. G. E. Van Dorsser, Health Centre, Saint John; First Vice-President, Miss A. J. MacMaster; Second Vice-Pres., Miss W. MacLean; Hon. Sec., Sister Kenny; *Councillors*: Miss Miller, Moncton; Miss Hadrill, Newcastle; Miss E. Brown, Fredericton; Miss Moffat and Miss McMullen, St. Stephen; Miss Murdoch, Saint John; Miss Tulloch, Woodstock; Secretary-Treasurer-Registrar, Miss M. E. Retallick, 262 Charlotte St., West Saint John; *Conveners of Sections*: *Nursing Education*, Sister Kerr; *Private Duty*, Miss K. Lawson; *Public Health*, Miss A. A. Burns; *Conveners of Committees*: *Constitution and By-Laws*, Miss H. S. Dykeman; *Representative to The Canadian Nurse*, Miss M. Miller.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Miss Marion Haliburton, 40 South St., Halifax; First Vice-President, Mrs. D. J. Gillis, Windsor Junction, Halifax; Second Vice-President, Miss Anne Foster, Berwick; Third Vice-President, Sister Anna Seton, Halifax Infirmary; Recording Secretary, Miss Mary Saxton, 94 Jubilee Rd., Halifax; Treasurer, Corresponding Secretary and Registrar, Miss Muriel Graham, 413 Dennis Bldg., Halifax.

ONTARIO

Registered Nurses Association of Ontario

President, Miss E. Cryderman; First Vice-President, Miss C. Brewster; Second Vice-President, Miss J. L. Church; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 3 Willcocks St., Toronto; *Chairmen of Sections*: *Nursing Education*, Miss R. M. Beamish, Western Hospital, Toronto; *Private Duty*, Miss J. L. Church, 120 Strathcona Ave., Ottawa; *Public Health*, Miss M. Walker, Institute of Public Health, London; *Chairmen of Districts*: Miss M. Hoy, Miss H. L. Potts, Miss C. Brewster, Miss P. B. Austin, Miss F. Fitzgerald, Miss M. Bliss, Miss M. Hall, Miss H. E. Smith, Miss G. Young.

District 1

Chairman, Miss M. Hoy; Vice-Chairman, Miss D. Shaw; Secretary-Treasurer, Mrs. A. Johnston, 80 Villaire Ave., Riverside; *Councillors*: Misses F. Connolly, A. Claypole, L. Pettypiece, J. Paul, F. Ritchie, M. Spence; *Conveners*: *Nursing Education*, Miss E. Hazelwood; *Private Duty*, Mrs. M. Elrick; *Public Health*, Miss E. Cummings; *Permanent Education*, Miss L. Horwood; *Publications*, Miss N. Williams; *Membership*, Miss N. Gerard.

Districts 2 and 3

Chairman, Miss H. Potts; First Vice-Chairman, Miss A. Campbell; Second Vice-Chairman, Miss K. Charnley; Secretary-Treasurer, Miss H. D. Muir, Brantford General Hospital; *Councillors*: Misses M. Meggitt, L. Ferguson, C. Biffin, E. Schaub, M. Costello and Mrs. K. Cowie; *Conveners*: *Nursing Education*, Miss C. Jackson; *Private Duty*, Miss K. Cleghorn; *Public Health*, Miss A. Fennell.

District 4

Chairman, Miss Isabelle MacIntosh; Vice-Chairman; Miss M. Buchanan; Second Vice-Chairman, Miss A. Boyd; Secretary-treasurer, Miss C. Sheridan, 29 Augusta St., Hamilton; *Councillors*: Misses D. Scott, A. Wright, A. Oram, C. Brewster, Mrs. N. Barlow, Reverend Sister Monica; *Conveners*: *Public Health Nursing*, Miss R. Ford; *Private Duty*, Miss E. Richardson; *Nursing Education*, Miss H. Brown.

District 5

Chairman, Miss Irene Weirs; Vice-Chairman, Miss W. L. Chute; Secretary-Treasurer, Miss Gwladwen Jones, Toronto Western Hospital; *Councillors*: Misses F. Matthews O. Waterman, M. Wilkinson, A. Neil, J. Smith, E. Moore; *Committee Conveners*: *Private Duty*, Miss W. Worth; *Public Health*, Miss M. Sellery; *Nursing Education*, Miss E. Williams.

District 6

Chairman, Miss E. Young; Vice-Chairman, Miss E. Reid; Sec.-treas., Miss L. Stewart, 340 Rubidge St., Peterborough; *Committee Conveners*: *Private Duty*, Miss L. Ball; *Nursing Education*, Miss F. McIndoo; *Public Health*, Miss M. Poulson; *Publications*, Miss E. Walsh; *Membership*, Miss M. Moher.

District 7

Chairman, Miss M. F. Bliss; Vice-Chairman, Miss E. Moffatt; Sec.-treas., Miss Gertrude E. Gibson, Brockville General Hospital; *Councillors*:

Misses B. Hamilton, O. Wilson, V. Manders, G. Gore, J. Guess and Miss McDermott; *Committee Conveners*: *Nursing Education*, Miss L. D. Acton; *Public Health*, Miss Ross; *Private Duty*, Miss A. Church; *Representative* to *The Canadian Nurse*, Miss B. Graham, Connell Research, Kingston.

District 8

Chairman, Miss Maude Hall; Vice-Chairman, Miss Evelyn Pepper; Secretary, Miss Elma Coon, Ottawa Civic Hospital; Treasurer, Miss E. Allen, 340 Somerset St. W., Ottawa; *Councillors*: Misses E. Osborne, G. Tanner, G. Clarke, M. McLaren, J. Church, M. Jones; *Committee Conveners*: *Nursing Education*, Miss G. Ferguson; *Private Duty*, Miss M. Landreville; *Public Health*, Miss M. Black.

District 9

Chairman, Miss H. E. Smith; Vice-Chairman, Miss Jean Smith; Secy-Treas., Miss Robena Buchanan, Sanatorium P. O., Gravenhurst; *Councillors*: Misses E. Gordon, F. Farr, A. Quinlin, J. Thomas, S. Howard, Mrs. J. Stevens; *Conveners of Sections*: Private Duty, Miss M. Delaney; *Nursing Education*, Rev. Sister St. Irma.

District 10

Chairman, Miss Gladys Young, 119 Pine St., Port Arthur; First Vice-Chairman, Miss Dorothy Adams, Red Cross Otupost Hospital, Kakabeka Falls; Secretary-Treasurer, Miss Wilma Ballantyne, McKellar General Hospital, Fort William; *Councillors;* Misses M. Wallace, M. Guss, F. Gleeson, C. Chivers Wilson, Mrs. Mickelson.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Miss Anna Mair, P. E. I. Hospital, Charlottetown; Vice-President, Miss F. Lavers, Prince County Hospital, Summerside; Secretary, Miss Hattie MacLaine, P. E. I. Hospital, Charlottetown; Treasurer and Registrar, Sister Mary Magdalen, Charlottetown Hospital, Charlottetown; *Conveners of Sections*: *Nursing Education*, Miss Florence Platts, P. E. I. Hospital; *Public Health*, Miss Mona Wilson, Charlottetown; *Private Duty*, Miss Helen Solomon, Charlottetown Hospital; *Representative* to *The Canadian Nurse*, Miss Anna Mair.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Mary Samuel, Mabel F. Hersey, Jean S. Wilson, Rév. Soeur Allard, Rév. Soeur Marcellin, Mademoiselle Maria Beaumier; President, Miss Margaret L. Moag; Vice-President (English), Miss C. V. Barrett; Vice-President (French), Mlle Alexina Marchessault; Honorary Secretary, Mlle Suzanne Giroux; Honorary Treasurer, Miss C. M. Ferguson; *Members without Office*: Rév. Soeur Gauthier, Misses Mabel K. Holt, Eileen C. Flanagan, Marion E. Nash, Mlle Juliane Labelle; *Conveners of Sections*: Private Duty (English), Miss M. L. Craig, 93 Linton Apartments, Montreal; *Private Duty* (French), Mlle Claire Godbout, 463 avenue DesForges, Trois Rivières; *Nursing Education* (English), Miss Martha Batson, The Montreal General Hospital, Montreal; *Nursing Education* (French), Rév. Soeur Valerie de la Sagesse, Hôpital Ste. Justine, Montreal; *Public Health* (bi-lingual), Miss M. I. Brady, 1421 Atwater Ave., Montreal; *Board of Examiners*: Miss Olga V. Lilly (convener), Royal Victoria Montreal Maternity Hospital; Misses Marie DesBarres, K. L. Annesley, Katherine MacLennan, Mesdemoiselles M. Anysie Déland, Alexina Marchessault, A. Rita Guimont; Executive-Secretary, Registrar and Official School Visitor, Miss E. Frances Upton, Room 1019, Medical Arts Bldg., 1538 Sherbrooke St. West, Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Annie F. Lawrie, General Hospital, Regina; First Vice-President, Mrs. M. A. Young, General Hospital, Moose Jaw; Second Vice-President, Sister O'Grady, St. Paul's Hospital, Saskatoon; *Councillors*: Miss Ruth Morrison, 4 Carlton Apts., Prince Albert; Miss Ann Morton, Weyburn; *Conveners of Standing Committees*: *Public Health*, Miss Elizabeth Smith, Normal School, Moose Jaw; *Nursing Education*, Miss Edith Amas, City Hospital, Saskatoon; *Private Duty*, Miss Helen Wills, 2840 Robinson St., Regina; Secretary-Treasurer, Registrar and Training School Advisor, Miss K. W. Ellis, 1761 Scarth St., Regina.

Regina Registered Nurses Association

Hon. President, Miss A. Lawrie; Hon. Vice-President, Sister Mary; President, Miss G. McDonald; First Vice-President, Miss A. McNeil; Second Vice-President, Miss M. McGrath; *Committees*: *Visiting*, Miss D. Kerr; *Entertainment*, Miss H. Jolly; *Press* and Rep. to *The Canadian Nurse*, Miss M. Armatage; Sec., Miss H. Lefebvre, 2128 McIntyre St.; Registrar-Treasurer, Miss M. Armatage.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

President, Miss F. E. C. Reid, Red Cross Hospital; First Vice-President, Miss O. Zimmerman; Second Vice-President, Mrs. Bothwell; Secretary, Miss A. Young, 923-13th Ave. W.; Treasurer, Miss Mary Watt, Anderson Apts.

Edmonton Association of Graduate Nurses

President, Miss Violet Chapman; First Vice-President, Miss M. Fraser; Second Vice-President, Miss M. Deane-Freeman; Treasurer, Mrs. E. World; Secretary, Mrs. A. M. Baird, 11028-107 St.; Registrar, Miss A. L. Sproule, 11138 Whyte Ave.

Medicine Hat Graduate Nurses Association

President, Mrs. J. Keohane; First Vice-President, Mrs. A. Gant; Second Vice-President, Miss M. E. Hutchcroft; Secretary, Mrs. C. R. McKay, 539 Dundee St.; Treasurer, Mrs. C. Pickering; *Committee Conveners*: *Membership*, Miss E. Bagshaw; *Visiting*, Mrs. W. Fraser, Mrs. J. Hill; *Representatives*: to *Private Duty Section*, Mrs. M. Tobin; to *The Canadian Nurse*, Miss C. Clibborn.

BRITISH COLUMBIA

Nelson Registered Nurses Association

President, Miss M. J. Leslie; First Vice-Pres., Mrs. J. G. Bennett; Second Vice-Pres., Miss M. Ahier; Sec., Miss J. McVicar, 623 Mill St., Nelson; Treas., Miss N. Passmore; *Committee Conveners: Programme*, Miss V. B. Eidt; *Social*, Miss S. Keeler; *Visiting*, Mrs. D. C. Fraser; *Membership*, Miss E. Higginbotham; *Ways and Means*, Mrs. M. Laing; *Private Duty*, Miss L. McVicar.

New Westminster Graduate Nurses Association

Hon. President, Miss E. Clark, Royal Columbian Hospital; President Mrs. J. Wright; First Vice-Pres., Miss E. Hope Gouldburn; Second Vice-Pres., Miss E. Gow; Secretary, Miss E. Wrightman, 447 Columbian St. E.; Treasurer, Miss A. Macphail, 319 Sherbrooke St.; *Committee Conveners: Membership*, Miss K. Stowe; *Press*, Miss J. Peele.

Vancouver Graduate Nurses Association

President, Miss M. Motherwell, 1747-10th West, Vancouver; First Vice-Pres., Miss O. Cotsworth, Vancouver General Hospital; Second Vice-Pres., Mrs. W. J. MacKenzie, 700 W. Georgia St.; Secretary, Miss E.A.E. MacLennan, Vancouver General Hospital; Treasurer-Registrar, Miss L. G. Archibald, 536 W. 12th; *Council*: Mrs. A. Westman, Misses M. Gray, K. Lee, C. Cooper, L. Stocker; *Committee Conveners: Finance*, Miss A. Croll; *Programme*, Miss M. Wismer; *Social*, Miss A. Reid; *Directory*, Miss C. Harkness; *Visiting*, Miss E. Matheson; *Representatives*: to the *Local Council of Women*, Misses M. Duffield, M. Gray; to the *Press*, Miss G. Archibald; to *The Canadian Nurse*, Mrs. L. Dugdale.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Mary Alfreda; President, Miss E. Toynbee; First Vice-President, Miss M. Mirfield; Second Vice-President, Mrs. Bothwell; Secretary, Miss H. Andrews, 2825 Prior St.; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1015 Mirfield Road; *Executive Committee*: Misses T. Locke, F. Crampton, D. Frampton, M. Sangster, Mrs. Strachan.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Mrs. L. Fletcher, 231-21st St.; Vice-Presidents, Miss V. Vance, Miss E. Rowlett; Secretary- Miss B. Greenaway, 439 Princess Ave.; Treasurer, Mrs. D. L. Johnson; Registrar, Miss C. Macleod; *Committee Conveners: Social*, Miss E. Fotheringham, Miss E. Rowlett; *Visiting*, Miss Leslie; *Cook Books*, Miss A. Bennett; *Press Representative*, Miss Blanche Brigham.

ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clark; Pres., Miss Church; First Vice-Pres., Miss M. Foster; Second Vice-Pres., Mrs. B. Klyne; Sec., Miss I. C. McLeod, 34 McEwan Ave.; Treas., Miss H. Durant; *Committee Conveners: Social and Flower*, Mrs. J. Bell; *Press*, Miss Gilmour. Meetings every third Monday.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss E. G. Leys, 3545 Park Ave.; First Vice-President, Miss A. Jamieson; Second Vice-President, Miss F. M. Thomson; Secretary-Treasurer, Miss M. K. M. Drummond, 1230 Bishop St.; Directress of Nursing Service Bureau, Miss F. A. George; Chairman, Nursing Service Bureau, Miss E. F. Upton; Registrars, Misses E. Clark, E. Gruer, M. MacCallum; *Convenor*, Griffintown Club, Miss G. Colley. Regular Meeting held on second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Registered Nurses Association

Hon. President, Mrs. M. Young; President, Miss J. Moir; First Vice-President, Miss J. Droppo; Second Vice-President, Miss L. Carter; Secretary-Treasurer, Miss E. Heglin, Ste. 202, Walter Scott Blk., Moose Jaw; Registrar, Mrs. Metcalfe; *Committees: Nursing Education*, Mrs. M. Young, Rev. Sr. Veronica; *Public Health*, Miss Armstrong; *Private Duty*, Miss Coventry, Miss Ferguson; *Programme*, Miss O. McNabb; *Social*, Miss Evans; *Press*, Miss Reynolds; *Visiting*, Miss Armstrong; *Representative* to *The Canadian Nurse*, Miss E. Carter.

Alumnae Associations

ALBERTA

A.A., Calgary General Hospital

Hon. President, Miss S. MacDonald; Hon. Vice-Pres., Miss J. Connal; Hon. Members, Misses M. Moodie; J. Murphy, A. Casey; Pres., Mrs. R. G. Straker; First Vice-Pres., Miss L. Bibby; Second Vice-Pres., Miss M. Mott; Recording Secretary, Mrs. M. McCaffery; Corresponding Secretary, Miss H. Paterson, Calgary General Hospital; *Executive*: Mrs. MacDonald, Mrs. A. Warrington, Miss P. Boden; *Committee Conveners: Visiting*, Mrs. Barker; *Membership*, Mrs. H. Buckmaster; *Ways and Means*, Mrs. T. O'Keefe; *Social and Programme*, Mrs. C. Hope; *Refreshment*, Mrs. F. Driscoll; *Archivist and Press Representative*, Miss F. Shaw, 238 Scarboro Ave., Calgary.

A.A., Royal Alexandra Hospital, Edmonton

Hon. President, Miss F. Munroe; President, Mrs. H. Elwell; First Vice-Pres., Miss Dean-Freeman; Second Vice-Pres., Mrs. J. F. Thompson; Rec. Sec., Miss V. Bransager; Corr. Sec., Miss K. Stackhouse, Royal Alexandra Hospital; Treas., Miss L. Einarson; *Members of Executive*: Misses G. Allyn, M. Fraser, T. Holm; *Committee Conveners: Visiting*, Mrs. A. E. Jones; *Social*, Miss A. Wilson; *Programme*, Miss MacGillivray; *News Letter*, Miss M. Fraser.

A.A., University of Alberta Hospital, Edmonton

Hon. President, Miss H. Peters; President, Miss A. Dickson; First Vice-Pres., Miss R. Thompson; Second Vice-Pres., Miss D. Stephenson; Rec. Sec., Miss M. Hood; Corr. Sec., Miss C. Evenden, 11148-82 Ave.; Treasurer, Miss E. Campbell, University of Alberta Hospital; *Executive Committee*: Mrs. G. Aides, Misses I. Ross, M. Loggan.

A.A., Lamont Public Hospital, Lamont

Hon. President, Miss F. E. Welsh; President, Miss Olga Scheie; First Vice-President, Mrs. G. Archer; Second Vice-President, Miss A. White; Secretary-Treasurer, Miss L. L. Wright, Lamont Public Hospital; Corr. Sec., Miss F. E. Reid, 1109-20th Ave. W., Calgary; *Convener, Social Committee*, Mrs. H. McPherson .

BRITISH COLUMBIA

A.A., Vancouver General Hospital, Vancouver

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A.A., Royal Jubilee Hospital, Victoria

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